

Sally's back in sew biz! After an arthritic flare-up.

Important Note: This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Substitute alka capsules for tablets if dyspeptic symptoms occur. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty.

Indications: Acute gouty arthritis, rheumatoid arthritis, rheumatoid spondylitis.

Contraindications: Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland enlargement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy Warnings: Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias,

Butazolidin®alka Geigy

Each capsule contains: 100 mg. phenylbutazone USP 100 mg. dried aluminum hydroxide gel USP 150 mg. magnesium trisilicate USP

If it doesn't work in a week, forget it.

including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.

Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis,

epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia. pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome. Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter, association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, de-pression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement. (B)98-146-070-G

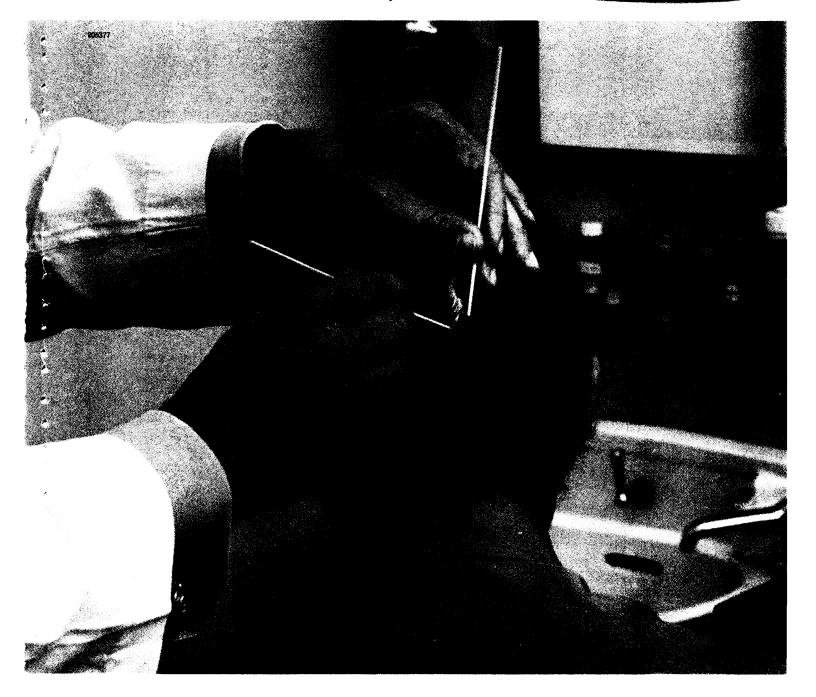
Serious side effects do occur. Select patients carefully (particularly the elderly) and follow them closely in line with the drug's precautions, warnings, contraindications and adverse reactions.

For complete details, including dosage, please see full prescribing information.

GEIGY Pharmaceuticals Division of CIBA-GEIGY Corporation Ardsley, New York 10502 When your diagnosis is seborrheic dermatitis of the scalp, the classic drug for controlling scaling and itching is Selsun (SELENIUM SULFIDE LOND).

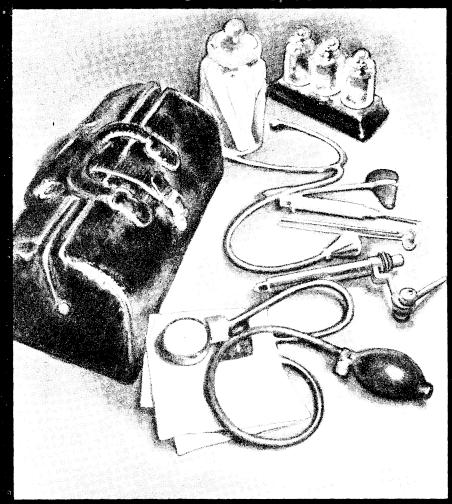
Precautions and side effects: Keep out of the eyes, burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur. Rinse well.

Contains: Selenium sulfide, $2\frac{1}{2}$ %, w/v in aqueous suspension: also contains: bentonite, alkyl aryl sulfonate, sodium phosphate, glyceryl monoricinoleate, citric acid and perfume.



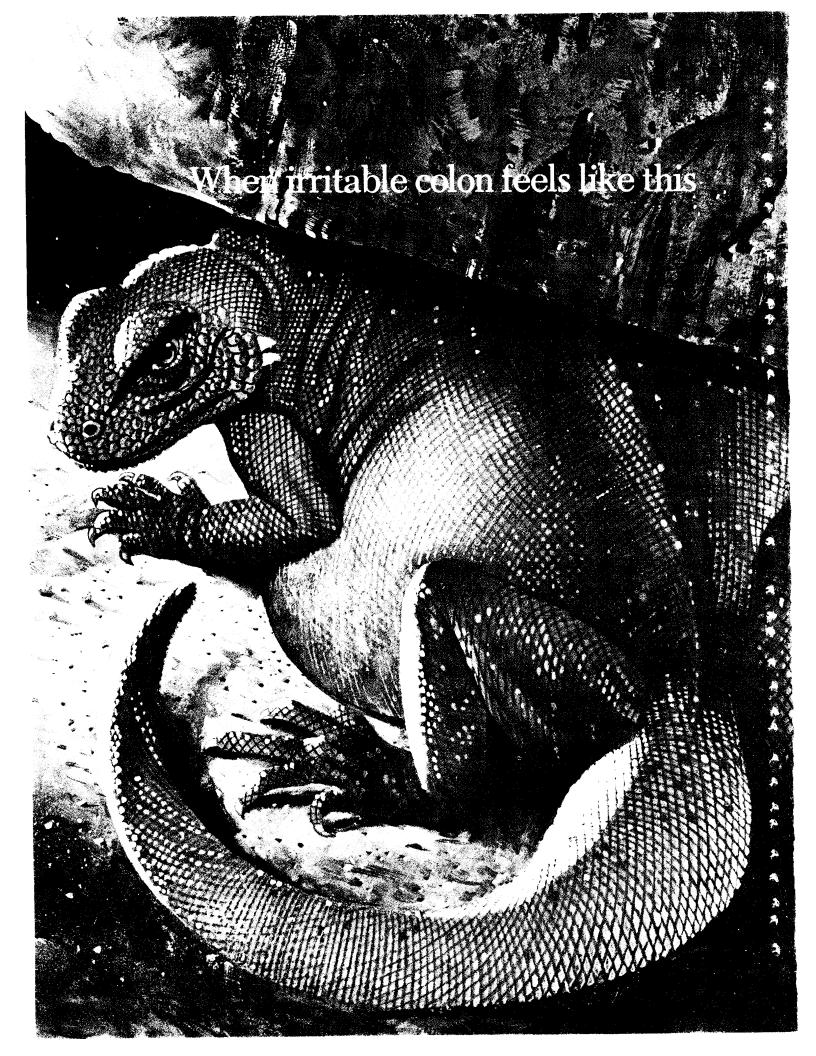
PRACTICE MONEY.

At Bank of America we've been helping professional men with their practices for years. Loans for starting or buying a practice, adding new equipment or expanding your current practice are easy to arrange. At terms to fit your budget. Your patients can arrange for a Bank of America personal loan or use their BankAmericard to help them pay their bills. Either method relieves you of those time-consuming and costly collection problems. Consult the loan officer at your nearest Bank of America branch for more details. He's had lots of practice helping professionals.



PROFESSIONAL LOANS

BANKOFAMERICA 6 for the business of living



... KINESED® provides more complete relief.

Gastroenteritis, colitis, gastritis or duodenitis can produce spasm or hypermotility, gas distention and discomfort. But Kinesed can provide a balanced formulation to relieve these symptoms:

belladonna alkaloids—for the hyperactive bowel
simethicone—for accompanying distention and pain due to gas
phenobarbital—for associated anxiety and tension

Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.

Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or urinary bladder atony. Prolonged use of barbiturates may be habit-forming.

Side effects: Blurred vision, dry mouth, dysuria, and other

atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.

Dosage: Adults: One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms.

Children 2 to 12 years: One-half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.



STUART PHARMACEUTICALS | Division of ICI America Inc. | Wilmington, Del. 19899

(from the Greek kinetikos, to move, and the Latin sedatus, to calm)

KINESED® antispasmodic/sedative/antiflatulent

Each *chewable tablet* contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.

Chuckwalla (Sauromalus obesus):
This southwestern desert lizard seeks shelter in crevices of rocks.
When attempts are made to probe him from his niche, he gulps air until his abdomen is distended up to sixty per cent over its normal size... thus wedging himself tightly in place and preventing capture.



'Milpath' can cut down her complaints by helping to control: bloating/cramping/pain/'nervous stomach' when aggravated by anxiety and tension

For most patients:

'Milpath'-400 (meprobamate 400 mg + tridihexethyl chloride 25 mg)

Usual adult dose: One tablet t.i.d. at mealtimes, and two tablets at bedtime. When spasm is severe:

'Milpath'-200 (meprobamate 200 mg + tridihexethyl chloride 25 mg)

Usual adult dose: Two tablets t.i.d. at mealtimes, and two tablets at bedtime.

INDICATIONS: Based on a review of this drug by the National Academy of Sciences - National Research Council and/or other information, FDA has classified the indication as follows:

"Possibly" effective: as adjunctive therapy in peptic ulcer and in the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis, and functional gastrointestinal disorders), especially when accompanied by anxiety

Final classification of this indication requires further investigation.

CONTRAINDICATIONS: Tridihexethyl chloride: Previous allergic or idiosyncratic reactions to it or related compounds; urinary bladder-neck obstructions (e.g., prostatic obstructions due to hypertrophy); pyloric obstructions because of reduced motility and tonus: organic cardiospasm (megaesophagus): glaucoma: possibly in stenosing gastric or duodenal ulcers with significant gastric retention. Meprobamate: Acute intermittent porphyria and allergic or idiosyncratic reactions to meprobamate or related compounds such as carisoprodol, mebutamate, tybamate,

WARNINGS: Meprobamate: Drug Dependence: Physical and psychological dependence and abuse have occurred. Chronic intoxication, from prolonged use and usually greater than recommended doses, leads to ataxia, slurred speech, vertigo. Carefully supervise dose and amounts prescribed, and avoid prolonged use, especially in alcoholics and addiction-prone persons. Sudden withdrawal after prolonged and excessive use may precipitate recurrence of pre-existing symptoms (e.g., anxiety, anorexia, insomnia) or withdrawal reactions (e.g., vomiting, ataxia, tremors. muscle twitching, confusional states, hallucinosis: rarely convulsive seizures, more likely in persons with CNS damage or pre-existent or latent convulsive disorders). Therefore, reduce dosage gradually (1-2 weeks) or substitute a short-acting bar-biturate, then gradually withdraw. *Potentially Hazardous Tasks*: Driving a motor vehicle or operating machinery. Additive Effects: Possible additive effects between meprobamate, alcohol. and other CNS depressants or psychotropic drugs. Pregnancy and Lactation: Safe use not established: weigh potential benefits against potential hazards in pregnancy, nursing mothers, or women of childbearing potential. Animal data at five times the maximum recommended human dose show reduction in litter size due to resorption.

PRECAUTIONS: Tridihexethyl chloride: Use cautiously in elderly males (possible prostatic hypertrophy). Meprobamate: To avoid oversedation, use lowest effective dose, particularly in elderly and/or debilitated patients. Consider possibility of suicide attempts; dispense least amount of drug feasible at any one time.

To avoid excess accumulation, use caution in patients with compromised liver or kidney function. Meprobamate may precipitate seizures in epileptics.

ADVERSE REACTIONS: Tridihexethyl chloride: Dry mouth (fairly frequent at oral doses of 100 mg), constipation or "bloated" feeling, tachycardia, bradycardia, dilated pupils, increased feeling, transion weakness nauses asserting headaches. creased ocular tension, weakness, nausea, vomiting, headache, drowsiness, urinary hesitancy or retention, dizziness. Meprobamate: Central Nervous System. Drowsiness, ataxia, dizziness, surred speech, headache, vertigo, weakness, ataxia, dizziness, slurred speech, headache, vertigo, weakness, paresthesias, impairment of visual accommodation, euphoria, overstimulation, paradoxical excitement, fast EEG activity. Gastrointestinal: Nausea, vomiting, diarrhea. Cardiovascular: Palpitations, tachycardia, various forms of arrhythmia, transient ECG changes, syncope; also hypotensive crises (including one fatal case). syncope: also hypotensive crises (including one latal case). Allergic or Idiosyncratic: Usually after 1-4 doses. Milder reactions: itchy, urticarial, or erythematous maculopapular rash (generalized or confined to groin). Other: leukopenia, acute nonthrombocytopenic purpura, petechiae, ecchymoses, eosinophilia, peripheral edema, adenopathy, fever, fixed drug eruption with cross reaction to carisoprodol, and cross sensitivity between machamata (machamata) and many hamata/care between meprobamate/mebutamate and meprobamate/car-bromal. More severe, rare hypersensitivity: hyperpyrexia, chills, angioneurotic edema, bronchospasm, oliguria, anuria, anaphylaxis, erythema multiforme, exfoliative dermatitis, stomatitis, proctitis. Stevens-Johnson syndrome, bullous dermatitis (one fatal case after meprobamate plus prednisolone). Stop drug treat symptomatically (e.g., possible use of epinephrine, antihistamines, and in severe cases corticosteroids). Hematologic: Agranulocytosis and aplastic anemia (rarely fatal), but no causal relationship established. Rarely, thrombocytopenic pur-

pura. Other: Exacerbation of porphyric symptoms.

USUAL ADULT DOSAGE: One 'Milpath'-400 (meprobamate 400 mg + tridihexethyl chloride 25 mg) tablet three times a day at mealtimes and 2 at bedtime. For greater anticholinergic effect.

2 'Milpath'-200 (meprobamate 200 mg + tridihexethyl chloride 25 mg) tablet three times and 2 at bedtime. 25 mg) three times a day at mealtimes and 2 at bedtime. Meprobamate dose should not exceed 2400 mg daily.

Not for use in children under age 12.

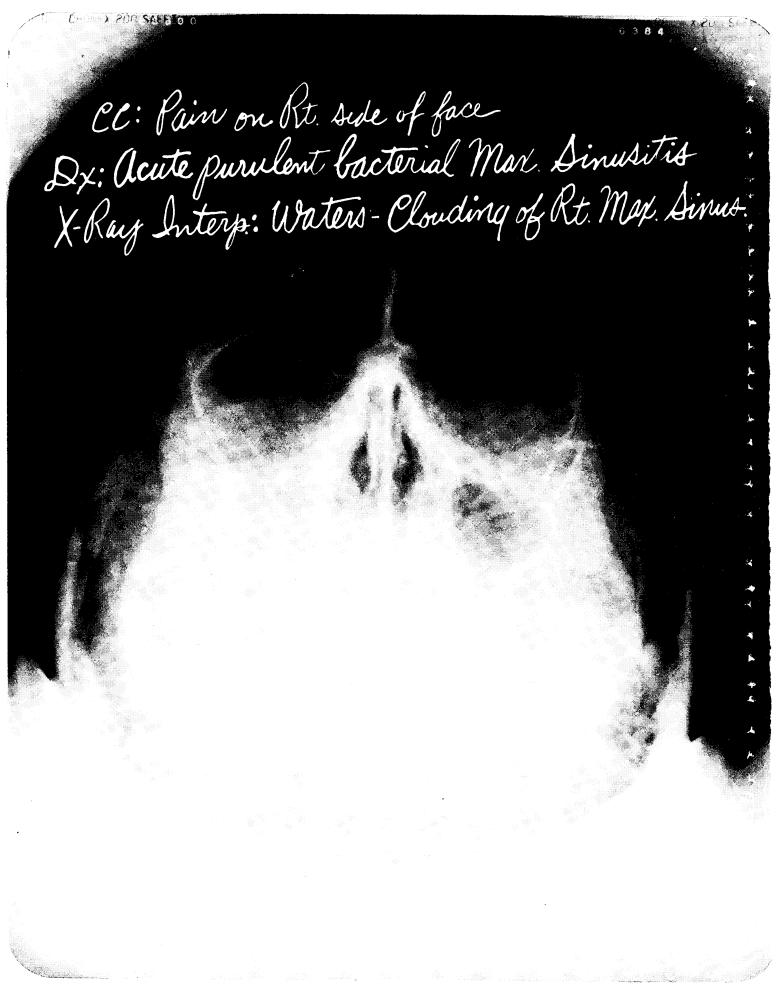
OVERDOSAGE: Tridihexethyl chloride: Acute overdosage can produce dry mouth, difficulty swallowing, marked thirst; blurred vision, photophobia; flushed, hot, dry skin, rash; hyperthermia; palpitations, tachycardia with weak pulse, elevated blood pressure: urinary urgency with difficulty in micturition: abdominal distention: restlessness, confusion, delirium and other signs suggesting acute organic psychosis. Empty stomach after administration of Universal Antidote and treat symptomatically as indicated. Meprobamate: Suicidal attempts with meprobamate. alone or with alcohol or other CNS depressants or psychotropic drugs, have produced drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse, and death. Empty stomach, treat symptomatically; cautiously give respiratory assistance, CNS stimulants, pressor agents as needed. Mepro-bamate is metabolized in the liver and excreted by the kidney. Diuresis and dialysis have been used successfully. Carefully monitor urinary output; avoid overhydration; observe for possible relapse due to incomplete gastric emptying and delayed

Before prescribing, consult package circular or latest PDR information.

WALLACE PHARMACEUTICALS, Cranbury, N.J. 08512



Relaxes smooth muscle and psyche/ Milpa (meprobamate+tridihexethyl chloride)



There are many frustrations in treating acute sinusitis. Cleocin manages most of the bacterial ones.

Inadequate drainage, chronic rhinitis, allergy, exposure to temperature extremes, and other factors can delay recovery from acute sinusitis.

It's helpful to have an antibiotic like Cleocin HCl (clindamycin HCl hydrate, Upjohn) that can take care of most of the gram-positive bacterial problems related to the disease.

As one study* of 52 outpatients showed, acute maxillary sinusitis was associated with staphylococci in 50% of the group, with pneumococci in 25%, and with streptococci and various other organisms (chiefly gram-negative) in the remainder. Significantly, one-half of these staphylococcal infections were resistant to both penicillin and tetracycline (all were sensitive to erythromycin and chloramphenical). Although not a part of this study, many other clinical and bacteriologic reports have shown that such gram-positive bacteria, which most often are associated with acute sinusitis, are usually susceptible to Cleocin.

Can be taken before, with, or after meals

The total absorption of Cleocin is virtually unaffected by the presence of food in the GI tract. Cleocin thus can be administered as prescribed without interfering with the patient's mealtimes.

Useful in patients hypersensitive to penicillin

Cleocin's chemical structure bears no relationship to penicillin or the cephalosporins. Cleocin therefore may be especially useful in patients with acute sinusitis who report a history of hypersensitivity to these antibiotics. Although hypersensitivity reactions have been uncommon with Cleocin, it should be used cautiously in atopic individuals. Cleocin is not recommended in the lincomycinsensitive patient.

Please see following page for further prescribing information.



Side effects: In studies of 1,416 patients involving 92 clinical investigators, side effects were reported in 8.2%. Diarrhea or loose stools were

noted in 3% of these cases (one patient with bloody stools). In a few instances, diarrhea lasted several days. A slightly higher incidence of diarrhea or loose stools has been reported by some investigators in subsequent studies.

Toxicity: No irreversible hematologic, renal, dermatologic, or neurologic abnormalities have been reported. Transient leukopenia and

eosinophilia have been observed. Elevations of alkaline phosphatase and serum transaminases were observed in a few instances. As with other antibiotics, periodic liver function tests and blood counts should be performed during prolonged therapy.



Cleocin HCl clindamycin HCl hydrate, Upjohn

Cleocin (clindamycin, Upjohn) is a new semisynthetic antibiotic produced from the parent compound lincomycin and provides more in vitro potency, better oral absorption and fewer gastrointestinal side effects than the parent compound.

Cleocin HCI (clindamycin HCI hydrate) is indicated in infections of the upper and lower respiratory tract, skin and soft tissue, and, adjunctively, dental infections caused by gram-positive organisms which are susceptible to its action, particularly streptococci, pneumococci and staphylococci. As with all antibiotics, in vitro susceptibility studies should be performed. CONTRAINDICATIONS: Patients previously found to be hypersensitive to this compound or to lincomycin.

WARNINGS: Safety for use in pregnancy not established. Not indicated in the newborn (infants below 30 days of age).

PRECAUTIONS: Prescribe with caution in atopic individuals. Perform periodic liver function tests and blood counts during prolonged therapy. The serum half-life in patients with markedly reduced renal function is approximately twice that in normal patients; hemodialysis and peritoneal dialysis do not effectively remove Cleocin from the blood. Therefore, with severe renal insufficiency, determine serum levels of clindamycin periodically and decrease the dose appropriately. Should overgrowth of nonsusceptible organisms—particularly yeasts—occur, take appropriate clinically indicated measures. ADVERSE REACTIONS: Generally well tolerated in clinical efficacy studies. Side effects reported in 8.2% of 1,416 patients. Of the total, 6.9% reported gastrointestinal side effects and 1.3% reported other side effects. Diarrhea or loose stools were reported in 3%. Gastrointestinal: Symptoms

included abdominal pain, nausea, vomiting and diarrhea of 1865s steels. In a few instances, diarrhea lasted for several days; one case of bloody stools was reported. Hematopoietic: Transient neutropenia (leukopenia) and eosinophilia have been reported; relationship to therapy is unknown. No irreversible hematologic toxicity has been reported. Skin and Mucous Membranes: Skin rash and urticaria have been reported infrequently, Hypersensitivity Reactions: A few cases of hypersensitivity reaction have been reported. If hypersensitivity occurs, discontinue drug and have evallable the usual agents (epinephrine, corticosteroids, antihistamines) for emergency treatment. Liver: Although no direct relationship of Cleocin HCI (clindamycin HCI hydrate) to liver dysfunction has been noted and significance of such change is unknown, transient abnormalities in liver function tests (elevations of alkaline phosphatase and serum transaminases) have been observed in a few instances. Also, abnormal liver function test values at the beginning of therapy have returned to normal during therapy.

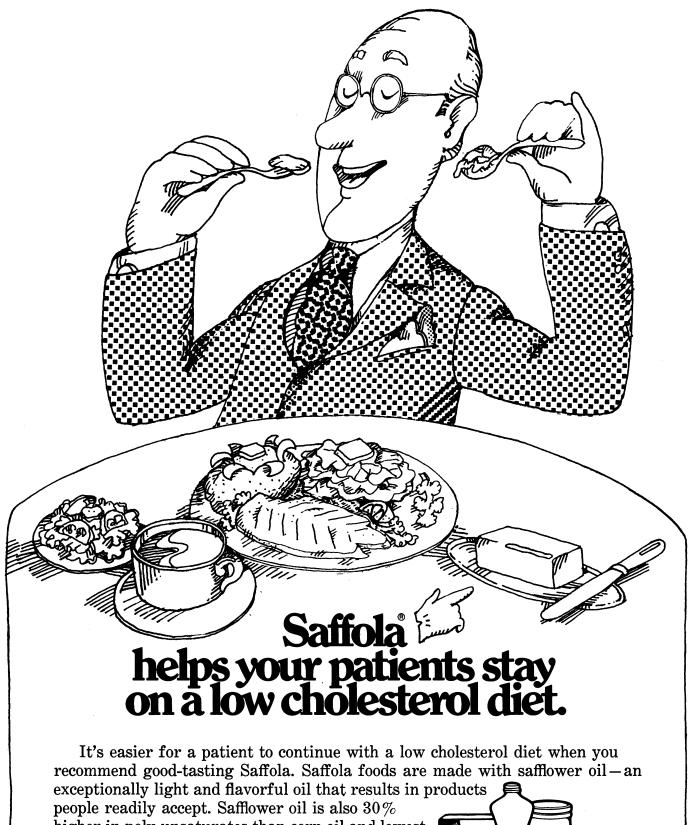
DOSAGE AND ADMINISTRATION: Adults: Mild to moderately severe infections—150 to 300 mg every 6 hours. Severe infections—300 to 450 mg every 6 hours.

Children: Mild to moderately severe infections—8 to 16 mg/kg/day (4 to 8 mg/lb/day) divided into three or four equal doses. Severe infections—16 to 20 mg/kg/day (8 to 10 mg/lb/day) divided into three or four equal doses. Note: With β -hemolytic streptococcal infections, treatment should continue for at least 10 days to diminish the likelihood of subsequent rheumatic fever or glomerulonephritis.

SUPPLIED: 150 mg Capsules—Bottles of 16's and 100's. 75 mg Capsules—Bottles of 16's and 100's. Sensitivity Disks—2 µg. Sensitivity Powder—Vials. For additional product information, see your Upjohn representative or consult package insert. MED B-4-S (LNU-3) JA71-1565

The Upjohn Company, Kalamazoo, Michigan 49001

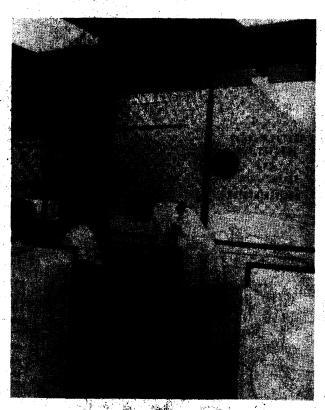
Upjohn



It's easier for a patient to continue with a low cholesterol diet when you recommend good-tasting Saffola. Saffola foods are made with safflower oil—an exceptionally light and flavorful oil that results in products people readily accept. Safflower oil is also 30% higher in poly-unsaturates than corn oil and lowest of all widely used vegetable oils in saturated fats. Let us send you some useful data to help your patients stay on a low cholesterol diet. Write PVO International Inc., World Trade Center, San Francisco, California 94111.

Ayerst Laboratories

is pleased to offer you and a member of your family—with your permission—a complimentary Ch/Tg* determination



The 12-14 hour fasting blood samplest will be drawn at the Ayerst exhibit

BOOTHS NO'S, 1 AND 2

during the meeting of the

California Academy of General Practice

Los Angeles, Calif. November 12-15, 1972

at the

Century Plaza Hotel



WOCHA	APPROXIMATE PERCENT	SOURCE	
NGREDIENT Nater Vegetable Oil* Vegetable Protein	78.5 11.0 .3 9.0	Corn Syrup Soybean	
Carbohydrates Emulsifiers & Stabili	zers 1.0 ess than 0.1 ess than 0.1	Sodium Potassium	
		0	
Cholesterol Conte Polyunsaturate to	2010.	1.5 to 1 43	
Percentage of Calories from Fat Percentage of Calories from Fat Based on the fat, approximate fatty acid composition: 21%			
Poly-un Monou	nsaturateu	65% 14% 	
*Partially light			

뇹

Ù

4

0 0

'n

À

÷

خ

O

d



mocha

mix.

Mocha Mix. presents its credentials:

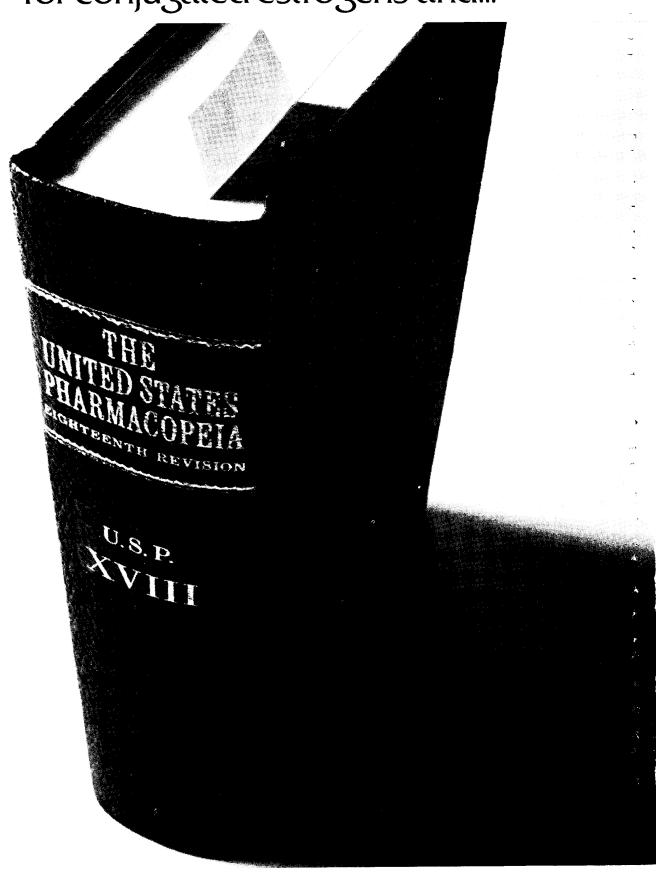
Study them. Note how <u>low</u> Mocha Mix® is in saturated fat. (Actually the <u>lowest</u> of any creamer — liquid, frozen or powdered.) Then note the unsaturated to saturated fat ratio (1.5:1). And Mocha Mix is 100% milk-free and 100% cholesterol-free, too! Taste? In coffee ... on cereal, fruit or desserts ... or for cooking, any way, any time a creamer is called for, Mocha Mix is the most delicious creamer ever!

In addition to the 16 oz. size found in the dairy case of most grocery stores, Mocha Mix is available in larger sizes and ½ oz. portion packs for hospitals and institutions.

Interested? Send us a note and we will send you a supply of coupons your patients can redeem at their grocers. Hospital service may also be supplied upon request. Mail to: Mocha Mix Dept. Presto Food Products, Inc. P.O. Box No. 21908, Los Angeles, Calif. 90021

mocha mix....the non-dairy creamer that's lowest in saturated fat!

PREMARIN® (CONJUGATED ESTROGENS TABLETS, U.S.P.)
meets every U.S.P. requirement for conjugated estrogens and...



an important one of our own PREMARIN° contains natural estrogens exclusively!

No synthetic supplements or substitutes.

Because we feel it's the way conjugated estrogens should be made.

And it is surely one reason why PREMARIN is by far the most widely prescribed agent of its kind. And why, since the day it was introduced in 1942, it has continued to be the measure of quality among estrogen preparations.

Produced under strict quality controls, PREMARIN assures you and your patients consistency in product potency, activity, and stability.

PREMARIN. The complete estrogen complex. The only oral estrogen whose composition meets every specification for conjugated estrogens in the latest United States Pharmacopeia (Edition XVIII)... and contains natural estrogens exclusively.

PREMARIN°
CONJUGATED ESTROGENS
TABLETS, U.S.P.
after thirty years...
still the standard for
conjugated estrogens

BRIEF SUMMARY

(For full prescribing information, see package circular.)

PREMARIN® (Conjugated Estrogens Tablets, U.S.P.) Indications: PREMARIN provides specific replacement therapy in the management of estrogen deficiency states, notably in the menopause and postmenopause.

Precautions: In the female: To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—Withdrawal bleeding may occur during this 1 week rest period).

Failure to control breakthrough bleeding or unexpected recurrence is an indication for curettage.

In the male: Continuous therapy over prolonged periods of time may produce gynecomastia, loss of libido, and testicular atrophy.

Dosage and Administration: Cyclic administration is recommended (3 weeks of daily estrogen therapy and 1 week off).

If patient has not menstruated within last two months or more, cyclic administration is started arbitrarily. If patient is menstruating, cyclic administration is started on day 5 of bleeding.

If breakthrough bleeding occurs (bleeding or spotting during estrogen therapy), increase estrogen dosage as needed to stop bleeding. In the following cycle, the dosage level which was employed for hemostasis should be used for daily administration. In subsequent cycles, the estrogen dosage is gradually reduced to the lowest level which will maintain the patient symptom-free. (See Precautions.)

Menopause (natural or artificial)—PREMARIN 1.25 mg. daily, cyclically. Adjust dosage upward or downward according to severity of symptoms and response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control. Many clinicians favor continuing cyclic estrogen replacement therapy throughout the postmenopause as a protective influence against accelerated degenerative changes at the cellular

Postmenopause—(If uterus is intact the patient is considered postmenopausal from one year after cessation of menstruation to end of life span.) If the presenting symptoms are those of the menopause, see above for dosage. As a protective measure against premature degenerative changes in bone and cellular metabolism (e.g. atrophic vaginitis, osteoporosis), give PREMARIN daily and cyclically. Adjust dosage to lowest effective but subbleeding level.

Estrogen Deficient Atrophic Vaginitis, Kraurosis Vulvae, and Pruritus Vulvae—1.25 mg. to 3.75 mg. daily, or more, cyclically—depending on the tissue response of the individual patient.

How Supplied: PREMARIN (Conjugated Estrogens Tablets, U.S.P.) No. 865—Each purple tablet contains 2.5 mg. No. 866—Each yellow tablet contains 1.25 mg. No. 867—Each red tablet contains 0.625 mg. No. 868—Each green tablet contains 0.3 mg.

Bottles of 100 and 1,000. The 1.25 mg. potency also available in unit dose package of 100.





Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

CAN STOP POTASSIUM DEPLETION **BEFORE IT STARTS**

WITH NO SACRIFICE OFTHIAZIDE **EFFECTIVEN**

Before prescribing, see complete prescribing information in SK&F literature or PDR.

*Indications: Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (> 5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium reguently—both can cause potassium retention and somefrequently - both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis,

and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used <u>during pregnancy</u> or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

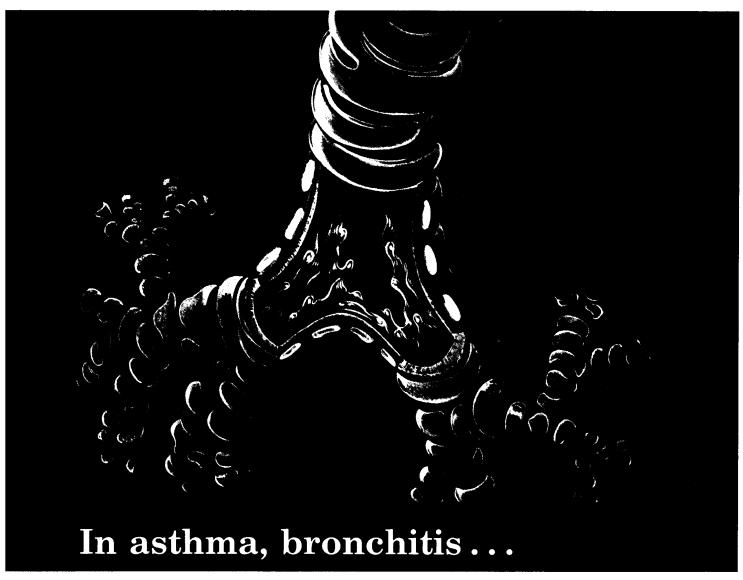
Supplied: Bottles of 100 capsules.

SK&F CO.

Carolina, P.R. 00630 a subsidiary of Smith Kline & French Laboratories

IN EDEMA*-IN HYPERTENSION*

MOVE-OUT STICKY MUCUS...



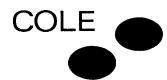
"Many physicians use iodides intravenously when they suspect that the main reason for airway obstruction is sticky mucus but oral iodides are more likely to exert an expectorant action."

"For the viscid sputum, potassium iodide (... preferable as enteric coated tablets) may be best."²

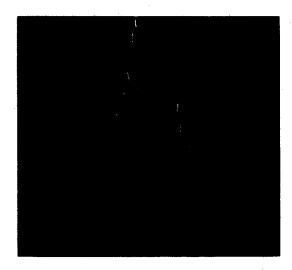
Provide tastefree, well-tolerated KI in convenient SLOSOL coated tablets-

IODO-NIACIN®

Each SLOSOL coated tablet contains potassium iodide 135 mg. and niacinamide hydroiodide 25 mg.



Promote Productive Cough-



"The productive cough serves the necessary purpose of removing excess mucus from the bronchial tree."³

"... there is clear evidence

that the loosening of the bronchial mucus blanket must begin from within the underlying mucus glands where it is anchored and not from the surface. Complications of iodides are too occasional to avoid the use of this valuable medication."³

Rx Information:

INDICATIONS: The primary indication for lodo-Niacin is in any clinical condition where iodide therapy is desired. All of the usual indications for the iodides apply to lodo-Niacin and include:

RESPIRATORY DISEASE: The use of lodo-Niacin is indicated whenever an expectorant action is desired to increase the flow of bronchial secretion and thin out tenacious mucus as seen in bronchial asthma, and other chronic pulmonary disease. Iodo-Niacin has also proven of value in sinusitis, bronchitis, bronchiectasis, and other chronic and acute respiratory diseases where the expectorant action of iodide is desired.

THYROID DISEASE: lodo-Niacin is indicated in any thyroid disorder due to iodine deficiency, such as endemic goiter or hypoplastic goiter, and where hypothyroidism is secondary to iodine deficiency. lodo-Niacin will suppress mild hyperthyroidism completely, and partially suppress more severe hyperthyroid states. lodo-Niacin is also of value in suppressing the symptoms of hyperthyroidism and decreasing the size and vascularity of the thyroid gland prior to thyroidectomy.

ARTERIOSCLEROSIS: lodides have been reported as relieving some of the symptoms associated with arteriosclerosis. The mechanism of action is unknown, but the effects are documented.

OPHTHALMOLOGY: lodo-Niacin has been reported to be of value in retinal and vitreous hemorrhages. The mechanism of action is unknown, but absorption

of the hemorrhagic areas has been observed following use of this drug. It is also reported to be of value in reducing or removing vitreous floaters.

SIDE EFFECTS: Serious adverse side effects from the use of lodo-Niacin are rare. Mild symptoms of iodism such as metallic taste, skin rash, mucous membrane uiceration, salivary gland swelling, and gastric distress have occurred occasionally. These generally subside promptly when the drug is discontinued. Pulmonary tuberculosis is considered a contraindication to the use of iodides by some authorities, and the drug should be used with caution in such cases. Rare cases of goiter with hypothyroidism have been reported in adults who had taken iodides over a prolonged period of time, and in newborn infants whose mothers had taken iodides for prolonged periods. The signs and symptoms regressed spontaneously after iodides were discontinued. The causal relationship and exact mechanism of action of iodides in this phenomenon are unknown. Appropriate precautions should be followed in pregnancy and in individuals receiving lodo-Niacin for prolonged periods.

DOSAGE: The oral dose for adults is two tablets after meals taken with a glass of water. For children over eight years, one tablet after meals with water. The dosage should be individualized according to the needs of the patient on long-term therapy.

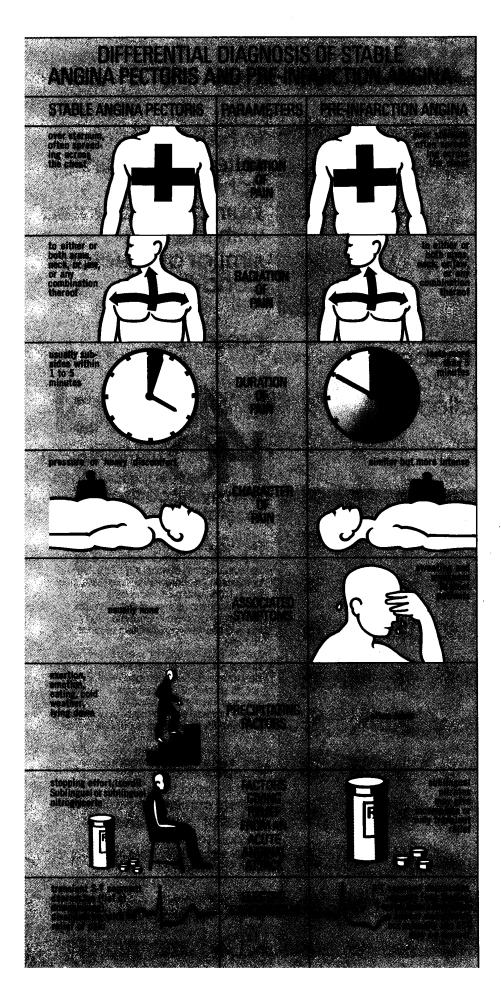
HOW SUPPLIED: Cole's lodo-Niacin tablets are available in bottles of 100, 500 and 1,000. Slosol coated pink. NDC 55-6458.

IODO-NIACIN®

Each SLOSOL tablet contains potassium iodide 135 mg. and niacinamide hydroiodide 25 mg. Sig. jj tabs. t.i.d. p.c.

COLE
PHARMACAL CO. INC.
St. Louis, Mo. 63108

STABLE ANGINA OR PRE-INFARCTION ANGINA?



WHEN THE DIAGNOSIS IS <u>STABLE</u> ANGINA PECTORIS*...

- terminate or reduce the severity and frequency of acute angina pectoris attacks
- provide prophylaxis against anginal attacks often caused by unavoidable everyday stress

ISORDIL UBLINGUAL

SUBLINGUAL TABLETS: 2.5 mg. and 5 mg.

*Indications: Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows:

"Probably" effective: When taken by the sublingual route, Isordil Sublingual is indicated for the treatment of acute anginal attacks and for prophylaxis in situations likely to provoke such attacks.

Final classification of the less-than-effective

indications requires further investigation.

Contraindication: Idiosyncrasy to this drug.

Warnings: Data supporting the use of nitrites during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety.

Precautions: Tolerance to this drug and cross-tolerance to other nitrites and nitrates may

Adverse Reactions: Cutaneous vasodilation with flushing. Headache is common and may be severe and persistent. Transient episodes of dizziness and weakness as well as other signs of cerebral ischemia associated with postural hypotension may occasionally develop. This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine, and many other agents. An occasional individual exhibits marked sensitivity to the hypotensive effects of nitrite, and severe responses (nausea, vomiting, weakness, restlessness, pallor, perspiration and collapse) can occur even with the usual therapeutic dose. Alcohol may enhance this effect. Drug rash and/or exfoliative dermatitis may occasionally occur.

Consult direction circular before prescribing.

May we send you reprints, detailed information and/or professional samples?

IVES LABORATORIES INC. New York, N.Y. 10017

DEDICATED TO IMPROVING THE QUALITY OF LIFE, THROUGH MEDICINE

Literary Hemorrhoids

Mrs. S.R., 47, high school English teacher. A history of anorectal pain and burning of several years' duration. On and off weight reducing diets, the insufficient bulk of which has aggravated a chronic constipation problem. Subsequent straining at stool has precipitated an acute episode of internal-external hemorrhoids.



a typical proctological patient

to help relieve the pain, itching, burning associated with this and similar anorectal conditions

prescribe



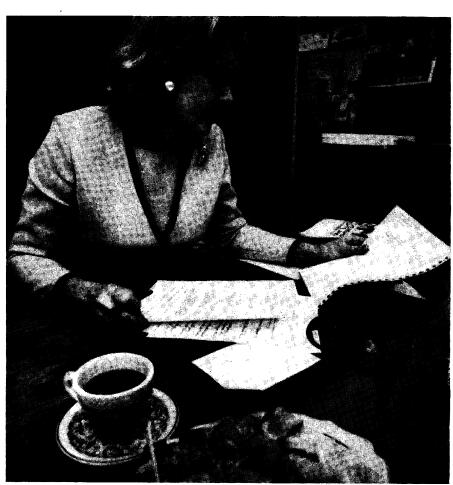
Each suppository contains hydrocortisone acetate 10 mg, bismuth subgallate 2.25%, bismuth resorcin compound 1.75%, benzyl benzoate 1.2%, Peruvian balsam 1.8%, zinc oxide 11.0%, and boric acid 5.0%, plus the following inactive ingredients: bismuth subiodide, calcium phosphate, and coloring in a bland hydrogenated vegetable oil base.

Precaution Prolonged or excessive use of Anusol-HC might produce systemic corticosteroid effects. Symptomatic relief should not delay definitive diagnosis or treatment. Dosage and Administration Anusol-HC: One suppository in the morning and one at bedtime for 3 to 6 days or until the inflammation subsides. Regular Anusol: One suppository in the morning, one at bedtime, and one immediately following each evacuation.

And for long-term patient comfort...recommend Anusol® hemorrhoidal suppositories. Each suppository contains the ingredients of Anusol-HC without the hydrocortisone.



Warner-Chilcott
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950
ANGP-23 Rev.



"The history of science, and in particular the history of medicine...is... the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."

- George Sarton, from "The History of Medicine Versus the History of Art"

Are combination drug products useful in treatment involving concomitant use of two or more drugs?

of two or more drugs?

Results of a questionnaire to 7,000 physicians:

62.9% Believe combination drug products are useful.

13.8% Do not believe combination drug products are useful.

Are combination drug products useful in treatment involving concomitant use of two or more drugs?

Opinion Dialogue

Doctor of Medicine

Louis Lasagna, M.D.
Professor and Chairman
Department of
Pharmacology & Toxicology
University of Rochester
School of Medicine
and Dentistry



Obviously, many drugs are given concomitantly. Whether it makes sense to combine medications in one preparation, be it capsule, tablet, or liquid, is a question that can be answered only by examining the advantages and disadvantages in the individual case.

Among the advantages is, first of all, convenience. The more medications that are taken concurrently and the more complicated the directions, the less likely the patient is to take medications accurately. From the standpoint of convenience and accuracy, and economy as well, you can make an important case for putting medications to gether in one preparation, as long as they are compatible.

By the same token, when you prescribe a properly tested and rational combination, you should have less worry about pharmaceutical or pharmacological compatibility — and about reasonable dosage ratios as well. Compatibility of the formulation should be demonstrated in the laboratory and clinic before the product is available for prescription—which is more than can usually be said for

the physician's own spontaneous creations. And, the dosage rátios employed in rational precompounded combinations are designed to meet the needs of substantial numbers of "typical" patients.

There is no doubt that many "atypical" patients are to be found, and for them the prefabricated combination must be rejected. But that hardly argues for eliminating rational combinations from the market. Think, for example, of the problems that would arise if the components of widely accepted combinations, like the oral contraceptives and the diuretic-antihypertensives, always had to be prescribed, purchased and ingested separately.

One disadvantage that comes to mind is some doctors' unawareness of the ingredients a given combination contains. For example, a doctor might know that a patient is allergic to aspirin but forget that a certain analgesic mixture, which he knows only by its trade name, contains aspirin. His prescription, then, causes considerable discomfort, to say the least. This problem is a function of physician education, rather than of combination therapy as such. Improving doctors' knowledge about all medicaments they prescribe is a problem that deserves tackling on its own.

Another accusation leveled at combination drugs is that they encourage sloppiness of diagnosis and treatment. In many cases, however, a combination may prove to be the most effective choice. A good ex-

ample of the usefulness of combinations appears in a recent article in the Journal of Chronic Diseases on the efficacy and side effects of an antihypertensive containing three ingredients, in which the track records of the combination drug and the individual ingredients were compared. Interestingly enough, whether the drugs were given individually or together, incidence and severity of side effects were the same. But blood pressure control was invariably better when the drugs were taken in one combination tablet than when they were taken sep-arately (in "titratable" dosage) or in two or three different tablets.

Deciding which combinations constitute rational therapy obviously leads to a discussion of who is to determine which should be used and which should not. Realistically, I think combinations should be evaluated somewhat differently if they are old and established or new and untried.

In today's regulatory atmosphere, there is no possibility of a new combination being put on the market without a substantial amount of acceptable evidence in the form of controlled trials that show it to be safe and efficacious. On the other hand, I believe a different set of standards should apply to combination preparations that have been around for a long time. In other words, physician acceptance over a long period should be given some weight as evidence of the efficacy and safety of these drugs.

The FDA, however, does not seem to share this attitude. It often requires, for these older products, controlled trials that will monopolize the time of already overtired investiga-

tors and cost a greal deal of money. I wish we could agree on a "grandfather clause" approach to preparations that have been in use for a number of years and that have an apparently satisfactory track record.

satisfactory track record.

For example, I think some of the antibiotic combinations that were taken off the market by the FDA performed quite well. I am thinking particularly of penicillin - streptomycin combinations that patients especially surgical patients—were given in one injection. This made for less discomfort for the patient, less demand on nurses' time, and fewer opportunities for dosage errors. To take such a preparation off the market doesn't seem to be good medicine, unless actual usage showed a great deal of harm from the injections (rather than the proper use) of the combination.

The point that should be emphasized is that there are both rational and irrational combinations. The real question is, who should determine which is which? Obviously, the FDA must play a major role in making this determination. In fact, I don't think it can avoid taking the ultimate responsibility, but it should enlist the help of outside physicians and experts in assessing the evidence and in making the ultimate decision.

Miller of Mississippe

W. Clarke Wescoe, M.D. President Winthrop Laboratories

If two medications are used effectively to treat a certain condition, and it is known that they are compatible, it clearly is useful and convenient to provide them in one dosage form. It would make no sense, in fact it would be pedantic, to insist they always be prescribed separately. To avoid the appearance of pedantry, the "expert" de-cries the combination because it is a fixed dosage form. When the "expert" invokes the concept of fixed dosage form he obscures the fact that single-ingredient pharmaceutical preparations are also fixed dosage forms. By a singular semantic exercise he implies a pejorative meaning to the term "fixed dose" only when he uses it with respect to combinations. What is ignored is the simple fact that only in the rarest of circumstances does any physician attempt to titrate an exact therapeutic response in his patient. It is quite possible that some aches and pains will respond to 500 mg. of aspirin yet that fact does not militate against the usual dose being 650 mg.

The other semantic ploy often called into play is to describe a combination product as rational or irrational.

Take antibiotic mixtures, the source of much of the eriticism generated against combinations generally. Obviously, no one should be exposed willy-nilly to the potential side effects of two or three antibiotics when only one is needed. At the same time there are cases where it is prudent to prescribe more than one. The clinician is the judge in these circumstances, as he should be.

There is no clear definition of the word rational. Most persons, I suppose, would find it synonymous with reasonable, but in many circumstances it may best be defined as the opinion of those in power at the moment.

Other factors govern combination therapy, not the least of which has been its broad use by practicing physicians anxious to achieve convenience in prescribing, to reduce medication error, and to save money for their patients. Combinations clearly have met the test on all three counts.

I have been impressed by studies showing that the rate of error climbs markedly with the number of medications to be taken, even with sophisticated patients. When medically justified, therefore, this factor alone supports the logic of combination therapy.

The cost argument for combinations appears to be irrefutable. In 1971, R. A. Gosselin studied the 71 combination products (excluding oral contraceptives) among the 200 most pre-scribed drugs. The study found that if all 71 products were discontinued, and if each ingredient in these combinations were pre-scribed separately, the price of medicines to patients would jump by \$443.2 million on a national basis! At a time when the cost of medical care is under so much fire, it would be nonsensical to boost costs without clearly irrefutable medical reasons.

The part played by government on this question, of course, is fundamental. The FDA should play a role in determining which combinations are reasonable. That role, as defined by law and regulation, is to ensure that any medication on the market is safe and effective in line with its label claims. Certainly combinations are entitled to as much consideration as single entities—neither more nor less. So long as the addition of one drug to another does not make either less safe, or less effective, so long as they are compatible in a formulation, we have a reasonable product. It makes no sense to recommend the use of two products for certain conditions and to deny their being combined in a single form. An unhappy side effect of the problem concerns the efficacy panel discussions of many products submitted for review. The term "effective, but" has been freely interpreted to mean "ineffective" in toto, regardless of the merit of the individual drugs. This interpretation has placed numerous useful combination products in needless jeopardy.

In reading the actual reports of the review panels, it seems clear that some of the ratings were based less on scientific research and clinical observation than on the "informed" opinions of the panelists. These "informed" opinions were accepted at face value, while

the "informed" opinions of others who had used the products were rejected. All of this put combination products into a sort of scientific never-never land.

It should be kept in mind by all, government as well as others involved in our health care system, that advances in therapy are seldom made in leaps and bounds but rather by small painstaking steps—and that some of these steps have resulted from research in combination drugs as well as with single entities. Given the near-infinite biologic variation in patient response, this is hardly surprising to clinicians. It should not be to regulatory agencies either.

In the end, the practicing physician is in the best position to decide if a particular combination makes sense. Such a decision should not be made exclusively by those whose responsibility for continuing clinical care is limited. Clinicians are the best judges of efficacy because the ultimate proof of any product's effectiveness is acceptance by physicians who have observed its actions in patients over time. The corollary statement may be made about overthe-counter medicines, which would not long survive if they failed to afford the relief the user anticipates. That the antihista-mine in a "cold" remedy may not always be necessary is no reason to proscribe the combination generally.

Opinion & Dialogue

What is your opinion, doctor? We would welcome your comments.



The Pharmaceutical Manufacturers Association 1155 Fifteenth Street, N.W., Washington, D.C. 20005 Skin Saver



locks in moisture

relieves dry, itchy skin with the first bath or shower.

See PDR. Supplied: 8 and 16 fl. oz. bottles; 5 oz. aerosols.			
WESTWOOD PHARMACEUTICALS INC. Buffalo, New York 14213 Send samples of Alpha-Keri bath oil.			
DR			
ADDRESS			

STATE

ZIP

CITY

reliable pain relief without codeine.

Each yellow, scored tablet contains 4.50 mg. oxycodone HCl (Warning: May be habit-forming), 0.38 mg. oxycodone terephthalate (Warning: May be habit-forming), 224 mg. aspirin, 160 mg. phenacetin, and 32 mg. caffeine.

INDICATIONS: For the relief of moderate to moderately severe pain. CONTRAINDICATIONS: Hypersensitivity to oxycodone, aspirin,

phenacetin or caffeine.

WARNINGS: Drug Dependence: Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential for being abused. Psychic dependence physical dependence and tolerance may develop upon repeated administration of Percodan, and it should be prescribed and administered with the same degree of caution proporties to the use of other call paragraphs.

may develop upon repeated administration of recodan, and it should be prescribed and administered with the same degree of caution appropriate to the use of other oral narcotic-containing medications. Like other narcotic-containing medications. Like other narcotic-containing medications. Percodan is subject to the Federal Controlled Substances Act.

Usage in ambulatory patients: Oxycodone may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery. The patient using Percodan should be cautioned accordingly. Interaction with other central nervous system depressants: Patients receiving other narcotic analgesics, general anesthetics, phenothiazines, other tranquilizers, sedative-hypnotics or other CNS depressants (including alcohol) concomitantly with Percodan may exhibit an additive CNS depression. When such combined therapy is contemplated, the dose of one or both agents should be reduced. Usage in pregnancy: Safe use in pregnancy has not been established relative to possible adverse effects on fetal development. Therefore, Percodan should not be used in pregnant women unless, in the judgment of the physician, the potential benefits outweigh the possible hazards.

hazards.

Usage in children: Percodan should not be administered to children. Salicylates should be used with caution in the presence of peptic ulcer or coagulation abnormalities.

PRECAUTIONS: Head injury and increased intracranial pressure: The respiratory depressant effects of narcotics and their capacity to elevate cerebrospinal fluid pressure may be markedly exaggerated in the presence of head injury, other intracranial lesions or a pre-existing increase in intracranial pressure. Furthermore, narcotics produce adverse reactions which may obscure the clinical course of patients with head injuries.

Acute abdominal conditions: The administration of Percodan or other narcotics may obscure the diagnosis or clinical course in patients with acute abdominal conditions.

narcotics may obscure the diagnosis or clinical course in patients with acute abdominal conditions. Special risk patients: Percodan should be given with caution to certain patients such as the elderly or debilitated, and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, and prostatic hypertrophy or urethral stricture. Phenacetin has been reported to damage the kidneys when taken in excessive amounts for a long time.

ADVERSE REACTIONS: The most frequently observed adverse reactions include light-headedness, dizziness, sedation, nausea and vomiting. Some of these adverse reactions may be alleviated if the patient lies down.

Other adverse reactions include euphoria, dysphoria, constination.

Other adverse reactions include euphoria, dysphoria, constipation

Other adverse reactions include euphoria, dysphoria, constipation and pruritus.

DOSAGE AND ADMINISTRATION: Dosage should be adjusted according to the severity of the pain and the response of the patient. It may occasionally be necessary to exceed the usual dosage recommended below in cases of more severe pain or in those patients who have become tolerant to the analgesic effect of narcotics. The usual adult dose is one tablet every six hours as needed for pain.

DRUG INTERACTIONS: The CNS depressant effects of Percodan may be additive with that of other CNS depressants. See WARNINGS. Aspirin may enhance the effect of anticoagulants and inhibit the effect of irricosuric agents.

may be additive with that of other CNS depressants. See WARNINGS. Aspirin may enhance the effect of anticoagulants and inhibit the effect of uricosuric agents.

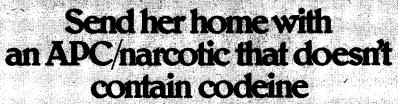
MANACEMENT OF OVERDOSAGE: Signs and Symptoms: Serious overdose with Perodan is characterized by respiratory depression, extreme somnolence progressing to stupor or coma, skeletal muscle flaccidity, cold and clammy skin, and sometimes bradycardia and hypotension. In severe overdosage, apnea, circulatory collapse, cardiac arrest and death may occur. The ingestion of very large amounts of Perodan may, in addition, result in acute salicylate intoxication. Treatment: Primary attention should be given to the re-establishment of adequate respiratory exchange through provision of a patent airway and the institution of assisted or controlled ventilation. The narcotic antagonists naloxone, nalorphine or levallorphan are specific antidotes against respiratory depression which may result from overdosage or unusual sensitivity to narcotics, including oxycodone. Therefore, an appropriate dose of one of these antagonists should be administered, preferably by the intravenous route, simultaneously with efforts at respiratory resuscitation. Since the duration of action of oxycodone may exceed that of the antagonist, the patient should be kept under continued surveillance and repeated doses of the antagonist should be administered in the absence of clinically significant respiratory or cardiovascular depression.

Oxygen, intravenous fluids, vasopressors and other supportive measures should be employed as indicated.

Gastric emptying may be useful in removing unabsorbed drug.

Endo Laboratories, Inc. Subsidiary of E.I. du Pont de Nemours & Co. (Inc.) Garden City, N.Y. 11530





Percodan does what you want an APC/narcotic to do: It effectively relieves moderate to moderately severe pain. But it's different from all the other widely prescribed APC/narcotics because it doesn't contain codeine.

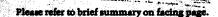
The chief analgesic agent in Percodan is oxycodone. A semisynthetic narcotic analgesic, oxycodone represents a therapeutic alternative to codeine. Percodan can produce drug dependence of the morphine type and has the potential of being abused. Percodan should be used with the same degree of caution appropriate to other oral narcotic-containing medications.

One tablet of Percodan every six hours is usually sufficient for adults. However, it occasionally may be necessary to exceed the usual dosage in cases of severe pain or in those patients who have built up a tolerance to the analgesic effect of narcotics. Percodan. The APC/narcotic that doesn't contain codeine.

Percodan:

Each yellow, scored tablet contains 4.50 mg. oxycodone HCl (Warning: May be habit-forming), 0.38 mg. oxycodone terephthalate (Warning: May be habit-forming), 224 mg. aspirin, 160 mg. phenacetin, and 32 mg. caffeine.

reliable pain relief without codeine





He seems more like his old self these days.

Fortunately, some of the early manifestations of selected cases of cerebral vascular disease may be relieved.

Early diagnosis and treatment mean more viable vascular musculature more capable of responding to

the direct vasodilating action of Cyclospasmol (cyclandelate). And a better chance to protect and maintain adequate cerebral circulation.

Cyclospasmol has a smooth, gradual and well-tolerated onset of action . . . chances for the desired result may increase with continued use.

*INDICATIONS: Based on a review of this drug by the National Academy of Sciences — National Research Council and/or other information, FDA has classified the indications as follows:

"Possibly" effective: for adjunctive therapy in intermittent claudication; arteriosclerosis obliterans; thrombophlebitis (to control associated vasospasm and muscular ischemia); nocturnal leg cramps; Raynaud's phenomenon and for selected cases of ischemic cerebral vascular disease.

Final classification of the less-than-effective indications requires further investigation.

ACTIONS: Cyclospasmol (cyclandelate) is an orally-acting vasodilator. Cyclandelate is musculotropic, acting directly on vascular smooth muscle, and has no significant adrenergic stimulating or blocking actions.

The drug is not intended to substitute for other appropriate medical or surgical programs in the treatment of peripheral or cerebral vascular disease. CONTRAINDICATIONS: Cyclospasmol is contraindicated in cases of known hypersensitivity to the drug. WARNINGS: 1. Cyclandelate should be used with extreme caution in patients with severe obliterative coronary artery or cerebral vascular disease, since there is a possibility that these diseased areas may be compromised by vasadilatory effects of the drug elsewhere. 2. USE IN PREGNANCY: The safety of cyclandelate for use during pregnancy or lactation has not been established; therefore, it should not be used in pregnant women or in women of childbearing age unless, in the judgment of the physician, its use is deemed absolutely essential to the welfare of the potient. 3. Although no prolongation of bleeding time has been demonstrated in animals at very large doses. Therefore, the hazard of a prolonged bleeding time should be carefully considered when administering cyclandelate to a patient with active bleeding or a bleeding tendency.

PRECAUTIONS: Since Cyclospasmol is a vasodilator, it should be used with caution in patients having glaucoma. Consult direction circular before prescribing. ADVERSE REACTIONS: Gastrointestinal distress (pyrosis, pain and eructation) may occur with Cyclosposmol. These symptoms occur infrequently and are usually mild. Relief can often be obtained by taking the medication with meals or by the concomitant use of antacids. Mild flush, headache, feeling of weakness or tachycardia may occur, especially during the first weeks of administration. SUPPLIED: 200 mg. blue capsules in bottles of 100 and 500. May we send you reprints, detailed literature or professional samples?

IVES LABORATORIES INC. 685 Third Avenue, New York, N.Y. 10017 Dedicated to improving the quality of life, through Medicine



Just a little improvement means a lot.

Cyclospasmol (cyclandelate) 200 mg. Capsules
For selected cases of cerebral vascular disease*



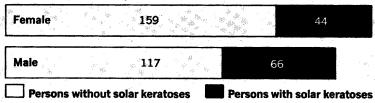
What it means to live and work in Tipton County, Tennessee

Persons who are white and over 40 have one chance in four of having solar keratoses... which may be premalignant

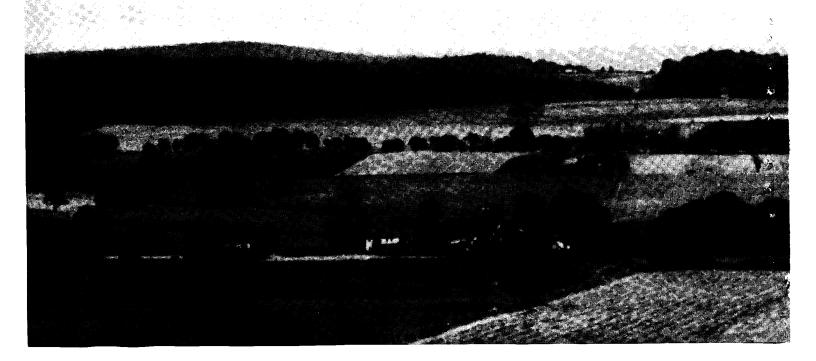
An epidemiologic study* conducted in Tipton County, Tennessee, revealed that 28.5% of white persons over 40 had solar keratoses; most had multiple lesions. Cluster sampling projected an estimated prevalence of 32.5% for white males and 19.5% for white females.

Though this is an unusually high percentage of affected persons, these lesions can occur in any white population, wherever people work or play out of doors.

Prevalence of solar keratoses in white persons over 40 in Tipton County, Tennessee



*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.



Solar, actinic, senile keratoses

Called by many names, the typical lesion is flat or slightly elevated, brownish or reddish in color, papular, dry, adherent, rough, sharply defined; usually multiple lesions, chiefly on exposed portions of the skin.

Sequence/selectivity of response

Erythema in areas of lesions may begin after several days of therapy; height of reaction

(only in affected areas)* usually occurs within

 two weeks, declining after discontinuation of therapy. Since this response is so predictable,

lesions that do not respond should be biopsied to rule out the presence of a frank neoplasm.

Cosmetic results

Cosmetic results are highly favorable. Inci-

· dence of scarring is low—important with multi-

ple facial lesions. Efudex should be applied with care near the eyes, nose and mouth.

5% cream-a Roche exclusive

Only Roche formulates the 5% cream... high in patient acceptability...high in clinical efficacy, especially for lesions of hands and forearms...economical.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Multiple actinic or solar keratoses.

Contraindications: Patients with known hypersensitivity to any of its components.

Warnings: If occlusive dressing used, may increase inflammatory reactions in adjacent normal skin. Avoid prolonged exposure to ultraviolet rays. Safe use in pregnancy not established.

Precautions: If applied with fingers, wash hands immediately. Apply with care near eyes, nose and mouth. Lesions failing to respond or recurring should be biopsied.

Adverse Reactions: Local—pain, pruritus, hyperpigmentation and burning at application site most frequent; also dermatitis, scarring, soreness and tenderness. Also reported—insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity, lacrimation, leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.

Dosage and Administration: Apply sufficient quantity to cover lesion twice daily with nonmetal applicator or suitable glove. Usual duration of therapy is 2 to 4 weeks.

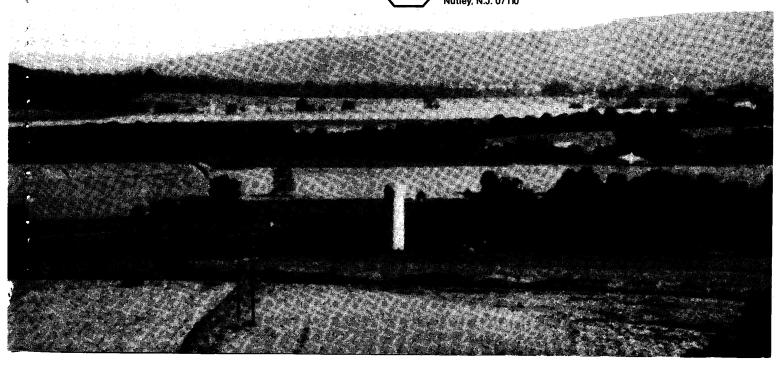
How Supplied: Solution, 10-ml drop dispensers—containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)aminomethane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.

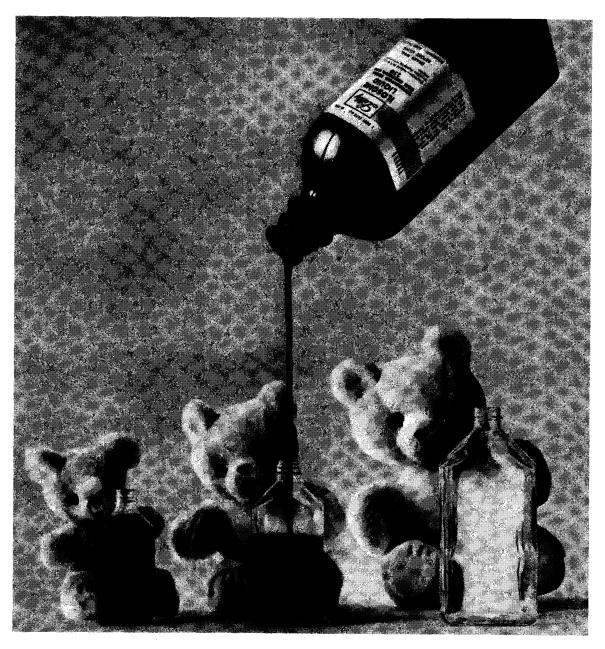
Cream, 25-Gm tubes—containing 5% fluorouracil in a vanishing cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).

an alternative to conventional therapy Efudex® (fluorouracil) cream/solution



Roche Laboratories Division of Hoffmann-La Roche Inc. Nutley, N.J. 07110





Not too little, not too much... but just right!

"Just right" amounts of Ilosone Liquid 250 can be dispensed easily from the pint bottle in *any* quantity you specify to meet your patients' precise needs—without regard to package size.

Ilosone® Liquid 250

Erythromycin Estolate

(equivalent to 250 mg. of base per 5-ml. teaspoonful)

Additional information available to the profession on request. Eli Lilly and Company Indianapolis, Indiana 46206



100204

CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone: (415) 776-9400, ext.

ALCOHOLISM AND DRUG USE

December 7-10-The Addictive States. See Psychiatry, December 7-10.

CANCER

- October 25-Uterine Carcinoma. LLU. Wednesday. \$30.
- December 10-Fifty-Fourth Semi-Annual Cancer Slide Seminar. California Tumor Tissue Registry at Hyatt House, San Jose. Sunday. \$50. 6 hrs. Contact: California Tumor Tissue Registry, 1200 N. State St., Box 40, Los Angeles 90033. (213) 225-3115, ext. 71820.
- December 13-Northern California Cancer Conference. CRMP Area II and N. T. Enloe Memorial Hospital at Burton's Mesa, Chico. Wednesday. 5-6 hrs. Contact: Leona Short, CRMP Area II, UCD.
- January 16-21-Oncology, UCLA at Erawan Hotel, Indian Wells. Tuesday-Sunday.
- Continuously-Tumor Board-Harbor General Hospital. CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: John Benfield, M.D., Dept. of Surgery, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 421.

MEDICINE

October 16-27-Physicians Training Program in Coronary Care. Cedars of Lebanon Hospital at Cedars of Lebanon Hospital, Los Angeles. Two weeks. \$300. 96 hrs. Contact: Miss Janie Sternal, Coord., Contin. Med. Ed., Cedars of Leb. Hosp., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 606.

- October 18-Seminar on Recent Advances in Evaluation and Treatment of Chronic Respiratory Disease. Pacific Hospital of Long Beach at Pacific Hospital, Long Beach. Wednesday. \$10. 3 hrs. Contact: Russell M. Husted, M.D. Dir. of Med. Ed., Pacific Hosp. of Long Beach, 2776 Pacific Ave., Long Beach 90806. (213) 595-1911.
- October 27-Day in Cardiology. CRMP Area II at Mother Lode Health Center, Placerville. Friday. 5 hrs. Contact: Leona Short, CRMP Area II, UCD.
- October 27-28-Twenty-second Annual Cardiovascular Symposium. San Diego County Heart Assn. at Master Host Inn, Stardust Motel, San Diego. Friday-Saturday. \$20. 12 hrs. Contact: Charles V. Clark, Prog. Dir., SDCHA, 3640 Fifth Ave., San Diego 92103. (714) 291-7454.
- October 28-November 2-Pacific Dermatologic Association. At El Mirador Hotel, Palm Springs. Saturday-Thursday. Contact: Robert J. McNamara, M.D., 2828 Telegraph Ave., Berkeley 94705. (415) 848-8404.

KEY TO ABBREVIATIONS AND **SYMBOLS**

Medical Centers and CMA Contacts for Information

CMA: California Medical Association

Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (413) 776-9400, ext. 241.

LLU: Loma Linda University

Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.

PMC: Pacific Medical Center

Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (413) 931-8000.

STAN: Stanford University

Contact: Edward Rubenstein, M.D., Associate Dean for Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.

UCD: University of California, Davis

Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.

University of California — California College of Medicine, Irvine UCI:

Contact: Donald W. Shafer, M.D., Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine—California College of Medicine, Irvine 92664. (714) 833-5991.

UCLA: University of California, Los Angeles

Contact: Donald Brayton, M.D., Director, Continuing Education in Medicine and the Health Sciences, P.O. Box 29402, UCLA, Los Angeles 90024. (213) 825-7241.

UCSD: University of California, San Diego

Contact: Richard A. Lockwood, M.D., Associate Dean for Health Manpower, 1310 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 1251.

UCSF: University of California, San Francisco

Contact: Seymour M. Farber, M.D., Dean, Educa-tional Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.

USC: University of Southern California

Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

- October 29—Diagnosis and Management of Medical and Surgical Gastro-Intestinal Disorders. UCI and Granada Hills Community Hospital at San Fernando Valley State College, Northridge. Sunday. Contact: Arno Roscher, M.D., Prog. Chmn., 10445 Balboa Blvd., Granada Hills 91344. (213) 360-1021.
- October 29-November 1-Academy of Psychosomatic Medicine. At Vacation Village, Mission Bay, San Diego. Sunday-Wednesday. Contact: Adam J. Krakowski, M.D., 202A Cornelia St., Plattsburgh, N.Y. 12901. (518) 561-6490.
- October 29—Dermal Pathology on Nevi and Neoplasms—Postgraduate Course. Pacific Dermatologic Association at El Mirador Hotel, Palm Springs. Sunday. Contact: Robert J. McNamara, M.D., 2828 Telegraph Ave., Berkeley 94705. (415) 848-8404.
- November 2-Hypertension. USC. Thursday. 8 hrs.
- November 3-5—Cardiology 1972. American College of Cardiology and the University of Hawaii School of Medicine at Princess Kaiulani Hotel, Honolulu. Friday-Sunday. Contact: Miss Mary Ann McInerny, Dir., Dept. of Cont. Educ. Prog., ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.
- November 4—Cardiac Concerto. UCI and Orange County Medical Center at Orange County Medical Center, Orange. Saturday. \$45. 6½ hrs. Contact: UCI.
- November 4-5-Immunology in Clinical Medicine—Second Annual Postgraduate Symposium. Scripps Clinic and Research Foundation at Lieb Amphitheater, Scripps Clinic and Research Foundation, La Jolla-San Diego. Saturday-Sunday. 6 hrs. Contact: Stephen E. Blomgren, M.D., Prog. Dir., 476 Prospect St., La Jolla 92037. (714) 459-2390.
- November 6-9—Annual Seminar in Neurology. UCLA at Beverly Hilton Hotel, Beverly Hills. Monday-Thursday. \$150.
- November 6-15—Cardiology for the Consultant. American College of Cardiology at Rancho Santa Fe Inn, Rancho Santa Fe. Nine days. Contact: Miss Mary Ann McInerny, Dir., Dept. of Cont. Educ. Prog., ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.
- November 8—Cerebral Hypoxia; Contemporary Diagnostic Features and Management. LLU Wednesday. \$30. 8 hrs.
- November 16-17—New Concepts in Medicine. California Hospital Medical Center at California Hospital Medical Center, Los Angeles. Thursday-Friday. 10 hrs. Contact: Kenneth L. Senter, M.D., Dir. Med. Ed., CHMC, 1414 S. Hope St., Los Angeles 90015. (213) 748-2411.
- November 17—Day in Cardiology. CRMP Area II at Nevada General Hospital, Nevada City. Friday. 5 hrs. Contact: Leona Short, CRMP Area II, UCD.
- November 18-19—Upgrading Health of the School Child. UCSF. Saturday-Sunday.
- November 29-December 1-Respiratory Failures Workshop. USC. Wednesday-Friday.
- December 1-2—Exercise and the Heart—Current Concepts and Applications in Health and Disease. UCD, President's Council on Physical Fitness and Sports, and American College of Cardiology at UCD. Friday-Sat-

- urday. Contact: Miss Mary Ann McInerny, Dir., Dept. of Contin. Med. Ed. Prog., ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.
- December 2-3-Kidney Function, UCSF. Saturday-Sunday.
- December 4-8—Advances in Diagnosis and Treatment in Clinical Medicine. American College of Physicians, UCLA, Harbor General Hospital, and St. Mary's Long Beach Hospital at Disneyland Hotel, Anaheim. Monday-Friday. Members ACC, \$80.; Non-members, \$125. Lectures will cover new developments in pathophysiology and treatment; afternoon panel workshops will permit informal question and answer sessions between participants and faculty. Contact: Registrar, Postgrad. Courses, ACP, 4200 Pine St., Philadelphia 19104. (215) 222-8120.
- December 6-Colloquia in Cardiology; Number 5. Clinical Problems in Cardiac Disease. American College of Cardiology at Hilton Hotel, Los Angeles. Wednesday. Contact: Miss Mary Ann McInerny, Dir., Dept. of Contin. Med. Ed. Prog., ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.
- December 8-9—Society of Graduate Internists. USC. Friday-Saturday.
- December 12-14—ECG and Vector. USC. Tuesday-Thursday
- January 11-12—Core Curriculum: Cardiovascular Physiology: Clinical Implications of Newer Concepts and Measurements. American College of Cardiology and Cedars-Sinai Medical Center at Cedars-Sinai Medical Center, Los Angeles. Thursday-Friday. Contact: Miss Mary Ann McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.
- January 18-20—Adolescent Medicine. USC. Thursday-Saturday.
- January 25-26-Medicine-1973. USC. Thursday-Friday.
- Continuously—Clinical Conferences. UCSF and Community Hospital of Santa Cruz at Community Hospital of Santa Cruz, Santa Cruz. October through June. \$45 for the series, \$7 per lecture. November 8—The Anemia in the Elderly Patient. December 13—Drug Interactions. January 10—Diagnosis of the Acute Abdomen.
- Continuously—Evening Lectures in Medicine. USCF and Oakland Hospital at Oakland Hospital, Oakland. October through December, 1972. Tuesdays. \$60. October 17—Acupuncture: Does it have a place for us? October 24—Diagnosis and Treatment of Rheumatoid Arthritis and Allied Diseases. October 31—Injection Techniques in Orthopedics.
- Continuously—Continuing Medical Education Program. Midway Hospital, Los Angeles. Mondays, 8:00-9:00 A.M. October, 1972—June, 1973. October: James Kleinenberg, M.D.—"Arthritis." November: Harry Levitt, M.D., "Dermatology in Practice." December: Sheldon Benjamin, D.D.S., "The Medical Approach to Examination of the Gums." January: Irwin Pincus, M.D., "Evaluation of the Upper Gastrointestinal Tract." Contact: Mr. Ira R. Alpert, Assoc. Admin., Midway Hosp., 5925 San Vicente Blvd., Los Angeles 90019. (213) 938-3161.
- Continuously—Differential Diagnosis in Internal Medicine. USC. September-May, 1973, on the fourth Thursday of each month.

- Continuously—Cardiology for the Consultant. USC. October-June, 1973, Wednesdays.
- Continuously—Renal Dialysis Traineeships. UCSF. By special arrangement.
- Continuously—Preceptorships in Biochemistry and Biophysics. UCSF. By arrangement.
- Continuously—Clinics in Dermatology. UCSF. By arrangement
- Continuously—Cardiovascular Seminars. Mondays at 4:30 p.m. in the second floor lecture hall, Basic Science Building, UCSD. Contact: UCSD.
- Continuously—Preceptorships in Cardiology. American College of Cardiology and PMC. By arrangement. Contact: Arthur Selzer, M.D., PMC; or Miss Mary Ann McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.
- Continuously—Biomedical Lecture Series. UCSD. Specified Wednesday at 8:00 p.m. For schedule contact UCSD.
- Continuously—Joint Continuing Medical Education Programs for South Bay Hospitals. UCSD, Bay General Hospital, Chula Vista Community Hospital, Coronado Hospital, Paradise Valley Hospital and CRMP. Programs to be held at various hospitals; November 2—Diabetes Mellitus. Paradise Valley Hospital; December 4—Radiology. Chula Vista Community Hospital. Contact UCSD.
- Continuously—Cardiology Lectures. Cedars of Lebanon Hospital, Los Angeles. Wednesdays, February-September, 8:00-8:45 a.m. Contact: Mrs. Janie Sternal, Coord., Contin. Med Ed., Ced. of Leb. Hosp., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 606.
- Continuously—Neurology Conference. San Joaquin General Hospital, Stockton. Mondays, 10:00-11:30 a.m. in Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.
- Continuously—Renal Conference. San Joaquin General Hospital, Stockton. First Tuesday of each month, 11:00 a.m. to 12:00 noon, Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.
- Continuously—Cardiology Conference. San Joaquin General Hospital, Stockton. Third Wednesday of each month, 10:00-11:30 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800
- Continuously—Seminar in Clinical and Public Health Aspects of Chest Diseases. Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three hour sessions on second Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Matthew Locks, M.D., Dir., Chest Ward Service, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1245.

- Continuously—Training of Physicians in Modern Concepts of Pulmonary Care. CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, M.D., LLU.
- Continuously—Neurological Sciences. St. Francis Hospital of Lynwood, Lynwood. Wednesdays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens of current material and review of current topics in specialty. Weekly notification of cases to be available. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3620 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.
- Continuously—Continuing Education in Internal Medicine—Harbor General Hospital. CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12:00-1:00 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: A. James Lewis, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 647.
- Continuously—Training for Physicians in General Internal Medicine. CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.
- Continuously—EKG Conference. St. Francis Hospital of Lynwood, Lynwood. Presented the first Thursday of each month, 12:00-1:30 p.m. A presentation of cases and pathology of recent coronary patients. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.
- Continuously—Cardio-angiography Conference. St. Francis Hospital of Lynwood, Lynwood. Presented the second and fourth Thursday of each month, 12:00-1:30 p.m. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.
- Continuously—Basic Home Course in Electrocardiography. One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. \$100 (52 issues). Contact: USC.
- Continuously—Cardiology Conferences—CRMP Area III. Monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., M.D., 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

Grand Rounds-Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

1st Wednesday of each month, 10:00-11:15 a.m., Conference Room 1, San Joaquin General Hospital, Stockton.

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.

Neurology. 11:00 a.m., 664 Science, UCSF.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

4th Thursday of each month, 12:30 p.m. in lower conference room, Huntington Intercommunity Hospital, Huntington Beach.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Neurology. 10:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

lst and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

OBSTETRICS AND GYNECOLOGY

October 18-21-Ob/Gyn Review. USC. Wednesday-Saturday.

October 25-Uterine Carcinoma, See Cancer, October 25.

October 26-27—New Horizons in Perinatal Intensive Care. UCLA, CRMP Area IV and Los Angeles County Harbor General Hospital at Airport Marina Hotel, Los Angeles. Thursday-Friday. \$100. Contact: Mrs. Jerry Campbell, Dept. of Cont. Educ. in Health Sci., Div. of Nursing, UCLA Ext., 10995 Le Conte Ave., Los Angeles 90024. (213) 825-4958.

November 11—Northern California Obstetrics and Gynecology Society Seminar. At Mansion Inn, Sacramento. Saturday. \$15. Contact: John Davis, M.D., Prog. Chmn., 616 Alhambra, Sacramento. (916) 444-0078.

Continuously—Preceptorships in Obstetrics and Gynecology—Aspiration Abortion. UCSF. By arrangement.

Continuously—Ob/Gyn Conference. San Joaquin General Hospital, Stockton. Mondays, 12:00-1:30 p.m. in Doctors' Dining Room. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Grand Rounds-Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Womens Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Tuesdays

9:00 a.m., Fifth Floor Auditorium, Room 53-105, UCLA Medical Center. UCLA.

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Friday

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

October 21-Kids Who Don't Learn. UCI \$35. 4 hrs. Two Saturdays.

October 27—Eighth Annual Harold K. Faber Clinical Symposium. Children's Hospital, Stanford at Children's Hospital, Stanford. Friday. 6 hrs. "The Child with Chronic Illness in the 70's." Contact: Stanford Children's Convalescent Hospital, Postgrad. Progs., 520 Willow Rd., Palo Alto 94304. (415) 327-4800.

November 6-10—Pediatric Allergy. UCSF. Monday-Friday. \$150. 29 hrs. Will cover the recognition and treatment of inhalant and food allergies including asthma, hay fever, and allergic rhinitis. Current concepts of the immunological basis for allergic disease will be discussed and demonstrated. Contact: UCSF.

November 10-11—Combined Pediatric/Medicine Symposium. Southern California Permanente Medical Group at Beverly Hilton Hotel, Beverly Hills. Friday-Saturday. "Topics in Hematology." Contact: Mrs. Shirley Gach, Coord., Room 6014, SCPMG, 4900 Sunset Blvd., Los Angeles 90027. (213) 667-4241.

November 11-Behavior Problems in Children. See Psychiatry, November 11.

November 15-16-Newborn Care. USC. Wednesday-Thursday.

November 18-19—Upgrading Health of the School Child. UCSF. Saturday-Sunday.

January 10-Neurologic Problems in Children. LLU. Wednesday. \$30. 8 hrs.

January 10 & 17-Pediatric Dermatology. USC. Two Wednesdays.

January 26-28-Pediatric Anesthesiology-11th Annual Clinical Conference. Children's Hospital of Los Angeles at Ambassador Hotel, Los Angeles. Friday-Sunday. \$100. 15 hrs. Contact: Wayne Herbert, M.D., Prog. Dir., Children's Hospital, 4650 Sunset Blvd., Los Angeles 90054. (213) 663-3341 ext. 262.

January 27-28—Nuclear Medicine in Pediatrics. UCSF and Children's Hospital, San Francisco at Children's Hospital, San Francisco. Saturday-Sunday. Contact: UCSF.

Continuously—Preceptorships in Pediatrics. UCSF. By arrangement.

Continuously—Pediatric Cardiology Conference. UCSD, Third Floor Conference Room, University Hospital. Clinical review of cases planned for the week, Tuesdays at 7:30 a.m.; Clinical review of data obtained, Fridays at 1:30 p.m. Contact: UCSD.

Continuously—Pediatric Research Seminar. UCSD. Mondays, 12:00 noon-1:00 p.m.

Continuously—Pediatrics Clinical Conference. San Joaquin General Hospital, Stockton. Wednesdays, 10:00-11:15 a.m., Conference Room 3. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—Pediatric-Cardiology Conference. San Joaquin General Hospital, Stockton. Third Thursday of each month, 9:30-11:00 a.m., Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—Pediatric Conference. Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. Contact: B. M. Kagan, M.D., Cedars-Sinai Med. Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

Grand Rounds-Pediatrics

Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:00 a.m., Auditorium, Pediatric Pavilion, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF. 8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.



Prescribe the discoverer's brand **Totacillin**** (ampicillin trihydrate)

*capsules equivalent to 250 mg. and 500 mg. ampicillin, for oral suspension equivalent to 125 mg./5 cc. and 250 mg./5 cc. ampicillin.



Beecham-Massengill Pharmaceuticals Division of Beecham Inc. Bristol, Tennessee 37620 8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

9:30-11:00 a.m., Conference Room 2, San Joaquin General Hospital, Stockton.

Infectious Disease. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

- October 28-29—Psychiatry in Medicine, Surgery and the Specialties. UCSF and Fresno Community Hospital at Fresno Community Hospital, Fresno. Saturday-Sunday. \$30. 10 hrs. Contact: UCSF.
- November 1-5—American Society of Clinical Hypnosis—Fifteenth Annual Scientific Meeting. At Town and Country Hotel, San Diego. Tuesday-Sunday. \$125. 20 hrs. Contact: F. D. Nowlin, Exec. Sec., ASCH, 800 Washington Ave., S.E., Minneapolis 55414. (612) 331-9452.
- November 11—Behavior Problems in Children. UCD. Saturday. \$25. 6 hrs.
- December 1-3—Management of Sexual and Marital Inadequacy. Institute for Comprehensive Medicine at Ambassador Hotel Los Angeles. (January 12-14 at Mark Hopkins Hotel, San Francisco) Friday-Sunday. \$175. 20 hrs. Contact: Registrar, Inst. for Comp. Med., 9735 Wilshire Blvd., Beverly Hills 90212.
- December 7-10—The Addictive States. UCI at Newporter Inn, Newport Beach. Thursday-Sunday. 32 hrs.
- Continuously—Group Methods. V.A. Mental Health Clinic and UCSF at V.A. Mental Health Clinic, Oakland. January through March 1973. Wednesdays.
- Continuously—Preceptorships in Psychiatry, UCSF. By arrangement.
- Continuously—Southern California Psychiatric Society— Monthly Scientific Program. SCPS at UCLA. Second Monday of each month, November-March 1973. 8:00 p.m. Contact: Eleanor Kranther, Exec. Sec., SCPS, 9713 Santa Monica Blvd., Beverly Hills 90210 (213) 271-7219.
- Continuously—Eric Berne Seminar of San Francisco. International Transactional Analysis Association at 2709 Jackson St., San Francisco. Tuesday evenings. 8:30 p.m. Contact: Dr. John Dusay, Pres., 2709 Jackson St., San Francisco 94115. (415) 346-4082.

Grand Rounds-Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY AND PATHOLOGY

- November 11-12—Complications of Angiography. UCLA, Saturday-Sunday. \$75.
- December 7-10—California Society of Pathologists—25th Anniversary Convention. At Hyatt House, San Jose. Thursday-Sunday. 32 hrs. Contact: L. Miles Snyder, Exec. Dir., CSP, 1831 "I" Street, Sacramento 95814. (916) 443-6744.
- Continuously—Cytopathology Tutorial Program. UCSF. Courses may be arranged throughout the year on the basis of individual needs and goals; fees are prorated accordingly. Arrangements should be discussed with instructor, Eileen B. King, M.D., Dept. of Pathology, UCSF. (415) 666-2919.
- Continuously—Orange County Radiological Society—Film Reading Sessions. Orange County Medical Center, Orange. First Tuesday of each month, 7:30-9:00 p.m., September, 1972-June, 1973. Contact: Edward I. Miller, M.D., Program Chairman, OCRS, 301 Newport Blvd., Newport Beach 92660. (714) 548-0651.
- Continuously—UCSF Radiology Rounds, Seminars, and Conferences. Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiography Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.
- Continuously—Principles and Clinical Uses of Radioisotopes. UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.
- Continuously—Scintillation Camera Workshop. UCSF. Workshops provided for physicians and nuclear medicine_technologists by special arrangement, limited to 30 trainees per workshop. One or two day intensive training periods, basic instruction in scintillation camera theory, scintographic principles and scintiphotographic interpretations. \$50. Contact: UCSF.
- Continuously—Scintograph Interpretation. UCSF and Nuclear Medicine Section, Department of Radiology, UCSF. By special arrangement, designed to furnish physicians with an opportunity to participate in the daily activities of a university laboratory. Two-week training period participation in daily interpretation conferences, correlation conferences, routine training conferences. \$175. Contact: UCSF.

Grand Rounds-Radiology-Pathology

Mondays

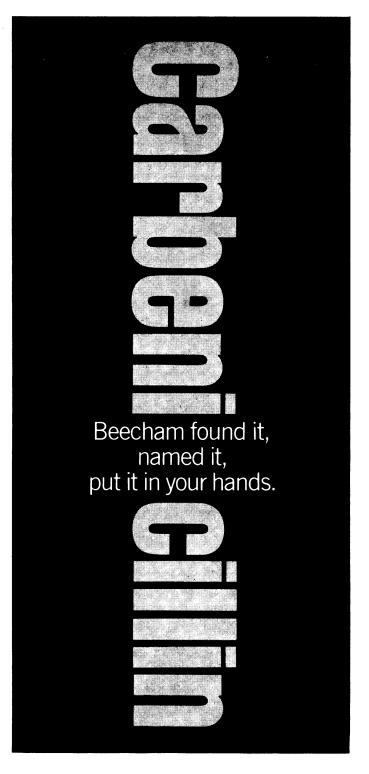
Pathology. 1:00 p.m., Sacramento Medical Center, Sacramento. UCD.

Fridays

Neuroradiology. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

SURGERY AND ANESTHESIOLOGY

- October 22-24—Current Concepts of Fracture Healing and Treatment. USC and American Academy of Orthopaedic Surgeons at Huntington Sheraton Hotel, Pasadena. Sunday-Tuesday. Contact: J. Paul Harvey, Jr., M.D., Box 302, 1200 N. State St., Los Angeles 90033. (213) 225-3115, ext. 71363.
- October 25 and November 15-Fundoscopy. USC. Two Wednesdays.
- October 27-Traditional Chinese Medicine Today-Perspectives in Acupuncture. UCSF. Friday.
- November 2—Day in Nephrology. CRMP Area II and Mercy Hospital at Shasta Convention Center, Redding. Thursday. Contact: L. Short, Area II RMP, UCD.
- November 12-16—Fifth Western Hemisphere Congress of the International College of Surgeons. At Town and Country Hotel, San Diego. Sunday-Thursday. Contact: Andrew G. Sharf, M.D., Gen. Chmn., Fifth West. Hemisphere Congress, ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.
- November 15-Anesthesia Conference. CRMP Area II and N. T. Enloe Memorial Hospital at N. T. Enloe Memorial Hospital, Chico. Wednesday. 5-6 hrs. Contact: Leona Short, CRMP Area II, UCD.
- November 16-17-Strabismus Conference. PMC. Thursday-Friday. 12 hrs.
- November 17-18 Sacramento Orthopaedic Seminar Fourth Annual. See Of Interest to All, November 17-18
- November 18-19—Surgical Anatomy in General Surgery. International College of Surgeons, So. Calif. Division, and Los Angeles Orthopaedic Hospital at Orthopaedic Hospital, Los Angeles. Saturday-Sunday. \$100. 20 hrs. Contact: Darline Murphy. Exec. Secy., ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.
- December 1-3—Electronystagmography. PMC. Friday-Sunday. 16 hrs.
- December 2-Cooperative Management of the Severely Injured. Permanente Hospitals of Northern California at Sheraton-Palace Hotel, San Francisco. Saturday. Contact: James Johnston, M.D., Kaiser Hospital, 280 W. MacArthur Blvd., Oakland 94611. (415) 653-6121.
- December 4—Rectal Diseases Conference. CRMP Area II at Shasta Convention Center, Redding. Monday. Contact: L. Short, Area II RMP, UCD.
- December 6-8—Corneal Diseases. UCSF. Wednesday-Friday.
- December 7-9—Annual Seminar in Urology. UCLA. Thursday-Saturday.
- December 16-17—Surgical and Clinical Anatomy of the Vascular System. See Of Interest to All, December 16-17
- January 17-19—Sierra Traumatological Society—Second Annual Meeting. San Joaquin County Medical Society at Mt. Reba, Bear Valley. Wednesday-Friday. Contact: Clarence Luckey, M.D., Box 230, Stockton 95201.



Prescribe the discoverer's brand **Pyopen**** (disodium carbenicillin)

*vials for injection equivalent to 1 gm. and 5 gm. of carbenicillin.



Beecham-Massengill Pharmaceuticals Division of Beecham Inc. Bristol, Tennessee 37620

- January 18-19—Retinal Detachment. PMC. Thursday-Friday. 16 hrs.
- January 20-21—Orthopedic Surgical Anatomy (Neck, Upper & Lower Extremity, Excluding Hand). See Of Interest to All, January 20-21.
- January 26-28-Pediatric Anesthesiology-11th Annual Clinical Conference. See Pediatrics, January 26-28.
- January 27-Surgical Emergencies. PMC. Saturday. 8 hrs.
- Continuously—Orthopedic Trauma Conference. USC at Los Angeles County-USC Medical Center. Mondays, 7:00-9:00 p.m. Contact: Dept. of Orthopedics, USC School of Med., 2025 Zonal Ave., Los Angeles 90033. (213) 225-3131.
- Continuously—Preceptorships in General Surgery. UCSF. By arrangement.
- Continuously—Preceptorships in Neurological Surgery. UCSF. By arrangement.
- Continuously-Preceptorships in Urology. UCSF. By arrangement.
- Continuously—Training for Physicians in Nephrology. CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Hemodialysis, peritoneal dialysis, renal biopsy, and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.
- Continuously—Thoracic Surgery Conference. San Joaquin General Hospital, Stockton. Fourth Wednesday of each month, 9:00-10:30 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.
- Continuously—Medical Surgical Conference. San Joaquin General Hospital, Stockton. Second Wednesday of each month, 10:00-11:15 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.
- Continuously—Orthopaedic Audio-Synopsis Foundation. A non-profit service for Orthopaedic Surgeons publishing monthly recorded teaching programs which include summaries of pertinent literature and excerpts from leading national and international meetings. Twelve monthly c-60 cassette tapes. Annual subscription rate \$72. (\$50 for residents). Contact: J. Tonn, Man. Ed., OASF, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

Grand Rounds-Surgery

Tuesdays

Orthopedic Surgery. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

- 8:00-10:00 a.m. San Joaquin General Hospital, Stockton.
- 1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.
- 3:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

- 1:00-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.
 - Neurosurgery. 11:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

Saturdays

- 8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego, UCSD.
- Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. UCSD.
- 8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.
- 9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.
- Orthopedics. 10:00 a.m. Auditorium of the Children's Division, Los Angeles County-USC Medical Center. The third Saturday of each month. USC.

OF INTEREST TO ALL PHYSICIANS

- October 16-18—Medical Audit Workshop. UCSD, CMA, and CRMP at Sheraton Harbor Island Hotel, San Diego. Monday-Wednesday. \$600 per hospital team. 17 hrs. Invitations to hospital teams.
- October 25-Monitoring and Management of the Critically Ill Patient. Annual Staff Symposium. USC and St. Vincent's Hospital at St. Vincent's College of Nursing. Wednesday. \$15. 6 hrs. Contact: Louis C. Bennett, M.D., St. Vincent's Hospital, 2131 W. Third St., Los Angeles 90057. (213) 483-8000.
- October 27—Traditional Chinese Medicine Today—Perspectives in Acupuncture. See Surgery—Anesthesiology. October 27.
- October 28-29—Psychiatry in Medicine, Surgery and the Specialties. See Psychiatry, October 28-29.
- October 29-Symposium on Being a Physician in Our Time. Southern California Permanente Medical Group at Hilton Hotel, Los Angeles. Sunday. Contact: Irving Klitsner, M.D., 13652 Cantara St., Panorama City 91402. (213) 781-2361.
- October 30-November 3-Intensive Care-Interdepartmental Postgraduate Course. STAN. Monday-Friday. \$210.
- November 8-10-American College of Emergency Physicians. At Hilton Hotel, San Francisco. Wednesday-Friday. Contact: Mr. Arthur E. Auer, 241 East Saginaw St., East Lansing, Mich. 48823. (517) 332-0838.

November 12-15—California Academy of General Practice—Annual Scientific Assembly. At Century Plaza Hotel, Los Angeles. Sunday-Wednesday. \$10 nonmembers. 13 hrs. Contact: Mr. William Rogers, 9 First St., San Francisco 94105. (415) 982-6091.

November 15-16—Problem-Oriented Medical Records. UCLA. Wednesday-Thursday.

November 16—Occupational Health Aspects of Asbestos and Asbestos-Related Diseases. American Industrial Hygiene Association, So. Calif. Division, at Union Oil Center Auditorium, Los Angeles. Thursday. Contact: P. S. Notani, Dr. P.H., Secy., So. Calif. Div., IHA, 222 No. Grand Ave., Los Angeles 90012.

November 17-18 — Sacramento Orthopaedic Seminar — Fourth Annual. UCD Dept. of Orthopaedic Surgery and Sacramento Valley Chapter, Western Orthopaedic Association at Mansion Inn, Sacramento. Friday-Saturday. \$45. A General Review of Orthopedic Surgery. Contact: George E. Sims, M.D. 7275 E. Southgate Dr., Sacramento 95823. (916) 422-6560.

November 18-Abnormal Laboratory Data-Evaluation and Follow-Up. SMA 12/60. PMC. Saturday. 8 hrs.

November 29-Modern Techniques in the Identification, Evaluation and Treatment of the Sleep Disorders. STAN. Wednesday.

December 1-3-Management of Sexual and Marital Inadequacy. See Psychiatry, December 1-3.

December 9-Inanition, Infection and Shock-Second Annual Medical Staff Symposium. Daniel Freeman Hospital at International Hotel, Los Angeles. Saturday. \$12.50. 7 hrs. Contact: Mrs. Joan Covell, Admin. Asst., 333 No. Prairie Ave., Inglewood 90301. (213) 672-0112, ext. 206.

December 16-17—Surgical and Clinical Anatomy of the Vascular System. S. Calif. Div., International College of Surgeons and Los Angeles Orthopaedic Hospital at Orthopaedic Hospital, Los Angeles. Saturday-Sunday. \$100. 20 hrs. Contact: Darline Murphy, Exec. Secy., S. Calif. Div. ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

January 9-30—Current Concepts in Bioenergetics. USC. Tuesdays.

January 11-12-New and Old Antibiotics. USC. Thursday-Friday.

January 11-March 8—Aquatic Medicine. UCSD at Scripps Institute of Oceanography. Thursdays. \$50. 27 hrs. An in-depth study of the physiological aspects of man in the water. Virology, bacteriology, parasitology, dangerous denizens of the deep. The ecology of water-related diseases. Contact: UCSD.

January 12-14—Management of Sexual and Marital Inadequacy. See Psychiatry, December 1-3.

January 13-Medical Genetics. USC. Saturday.

January 14-20 and January 21-27-Family Practice Refresher Course-Fourth Annual. UCI. One week each.

January 18-20—Dermatology for General Practitioners. UCSF. Thursday-Saturday.



Prescribe the discoverer's brand **Bactocili**®* (sodium oxacillin)

*capsules equivalent to 250 mg, and 500 mg, oxacillin and vials for injection equivalent to 500 mg, and 1 gm, oxacillin.



Beecham-Massengill Pharmaceuticals Division of Beecham Inc. Bristol, Tennessee 37620

- January 20-21—Orthopedic Surgical Anatomy (Neck, Upper Extremity, Lower Extremity, Excluding Hand).
 S. Calif. Div., International College of Surgeons and Los Angeles Orthopaedic Hospital at Orthopaedic Hospital, Los Angeles. \$100. 20 hrs. Contact: Darline Murphy, Exec. Secy., S. Calif. Div. ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.
- January 25-26-Drug Therapy. UCSF. Thursday-Friday.
- January 26-27—Infections Control Conference. CRMP
 Areas II and III, State Dept. of Public Health, at Jack
 Tar Hotel, San Francisco. Friday-Saturday. Contact:
 L. Short, Area II RMP, UCD.
- January 31-February 2—1973 San Diego Biomedical Symposium. UCSD at Sheraton Harbor Island Hotel, San Diego. Wednesday-Friday.
- January 31-February 3-Fourth Conference on Physician and Hospital. USC at Ahwanee Hotel, Yosemite. Wednesday-Saturday.
- Continuously—The Care of The Critically Ill Patient.
 Merced-Mariposa County Medical Society and STAN
 at Merced General Hospital, Merced. April 1972
 through June 1973. 9:00-11:00 a.m. \$25. November 9
 —Head Injuries. December 13—Neonatal Emergencies.
 January 11—Burns. Contact: Mrs. Iva D. Rutledge,
 Exec. Secy., P.O. Box 549, Merced 95340.
- Continuously—Continuing Education Program for Family Physicians. UCSD. November 1972 through May 1973. First and Second Wednesday of each month. 7:00-10:00 p.m. \$50 per lecture, \$300 for series. 24½ hrs.
- Continuously—Round Tables with Pacific Medical Center. PMC and Sonoma Valley Hospital at Sonoma Valley Hospital, Sonoma. Second Monday of each month in Dining Room of the hospital, 8:00-10:00 p.m. \$100 per series, \$15 per session. Contact: William J. Newman, M.D., P.O. Box B, Sonoma 95476. (707) 996-3621.
- Continuously-Medline-A New Computer Storage and Retrieval System. The data base for the system is housed in a central computer in the National Library of Medicine in Bethesda, Maryland. It includes almost 420,000 titles from 1,100 medical journals dating back to January 1, 1969. Each reference in the system contains author, source, date published, language and those subject headings assigned to it by the National Library of Medicine indexers. A reference can be retrieved through any combination of the above data elements. At present there is no charge for this service. At this time the following eight areas may be contacted: UCSF; Health Sciences Library, UCD; Lane Medical Library, Stanford; UCLA Biomedical Library; Norris Medical Library, USC; Loma Linda University Library; Medical Sciences Library, UCI; and Biomedical Library, UCSD.
- Continuously—Mission Community Hospital Program.

 UCI and Mission Community Hospital at Mission
 Community Hospital, Mission Viejo. Tuesdays at
 noon. Contact: UCI for schedule and further information.
- Continuously—Chapman General Hospital Program. UCI and Chapman General Hospital at Chapman General Hospital, Orange. Mondays at noon. Contact: UCI for schedule and further information.

- Continuously—Dynamics of the Family—Psychiatry. UCI at Orange County Medical Center, Orange. \$200. September through June.
- Continuously—Basic Science Correlation in Disease. VA Hospital, Sepulveda. Wednesday evenings, September 16-June 23. Contact: Michael Geokas, M.D., Ph.D., Chief, Medical Service, VA Hospital, Sepulveda 91343. (213) 894-8271.
- Continuously—Basic Science Lecture Series. UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.
- Continuously—Audio-Digest Foundation. A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Psychiatry, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. \$75 per year. Contact: Mr. Claron L. Oakley, Editor, Suite 700, 1930 Wilshire Blvd., Los Angeles 90057. (213) 483-3451.
- Continuously—Medical Media Network. Programs and study guides produced in association with faculties of major medical schools and centers throughout California. MMN administered by University Extension, UCLA. Subscriptions for all California hospitals, rental or purchase, 16 mm, super 8 mm, one-inch videotape. Provides physicians throughout the state with current educational programs in local hospitals. Consult the nearest MMN Hospital regarding time and date for viewing. Contact: Kathryn Alexander, Commun. Coord., MMN, 10995 Le Conte Ave., Los Angeles 90024. (213) 825-1791.
- Continuously—Postgraduate Education Program—Harbor General Hospital. Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Practicing physicians invited to participate one-half day weekly over a two-month period in a selected medical or surgical sub-specialty clinic. Patient care, teaching exercises, discussion. Medical clinics currently available: Allergy, Arthritis, Cardiology, Dermatology, Endocrinology, Diabetes, Gastroenterology, Hematology, Neurology, Medical Oncology, Chest, and Renal Hypertension. Surgical sub-specialties also available. Current schedule: August-September. \$50. 27 hrs. Contact Malin Dollinger, M.D., Prog. Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.
- Continuously—Stanford Speaker's Bureau for Environmental Topics. Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and others. Contact: STAN.
- Continuously—Stanford-Mills Memorial Hospital Continuing Education Program. STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.



With or without a silver spoon, a most tasteful solution in treating acute, non-specific diarrheas: all the benefits of paregoric, without the unpleasant taste. Donnagel \$\mathbb{\textit{\mathbb{P}}}\$-PG treats accompanying cramping, tenesmus, and nausea as well as the diarrhea itself. Instead of unpleasant-tasting paregoric, it contains the therapeutic equivalent, powdered opium, to promote the production of formed stools and lessen the urge. And it provides the demulcent-detoxicant effects of kaolin and pectin, plus the antispasmodic benefits of belladonna alkaloids. And a good banana flavor to baby any taste.

Donnagel with grarecoric equivalent

ct sale

Available on oral prescription or without prescription under limited circumstances as modified by applicable state law.

Each 30 cc. contains: Kaolin, 6.0 g.; Pectin, 142.8 mg.; Hyoscyamine sulfate, 0.1037 mg.; Atropine sulfate, 0.0194 mg.; Hyoscine hydrobromide, 0.0065 mg.; Powdered opium, USP, 24.0 mg. (equivalent to paregoric 6 ml.) (Warning: may be habit forming); Sodium benzoate (preservative), 60.0 mg.; Alcohol, 5%. A.H. Robins Company, Richmond, Virginia 23220

A-H-ROBINS





The coughing season is here again. Time to rely on the four Robitussins and Cough Calmers to help clear the lower respiratory tract. All contain glyceryl guaiacolate, the efficient expectorant that works systemically to help increase the output of lower respiratory tract fluid. The enhanced flow of less viscid secretions soothes the tracheobronchial mucosa, promotes ciliary action, and makes thick, inspissated mucus less viscid and easier to raise. Available on your prescription or recommendation.

For coughs of colds and "flu"

Robitussin®

Each 5 cc. contains:

Glyceryl guaiacolate 100.0 mg.

Alcohol, 3.5%

For unproductive allergic coughs

Robitussin A-C®

Each 5 cc. contains:

Glyceryl guaiacolate 100.0 mg. Pheniramine maleate 7.5 mg. Codeine phosphate 10.0 mg. (warning: may be habit forming)

Alcohol, 3.5%

Non-narcotic for 6-8 hr. cough control

Robitussin-DM®

Each 5 cc. contains:

Glyceryl guaiacolate 100.0 mg. Dextromethorphan hydrobromide 15.0 mg. Alcohol, 1.4%

Clears sinuses and nasal stuffiness as it relieves cough

Robitussin-PE®

Each 5 cc. contains:

Glyceryl guaiacolate 100.0 mg. Phenylephrine hydrochloride 10.0 mg. Alcohol, 1.4%

Robitussin-DM in solid form for "coughs on the go"

Cough Calmers®

Each Cough Calmer contains:

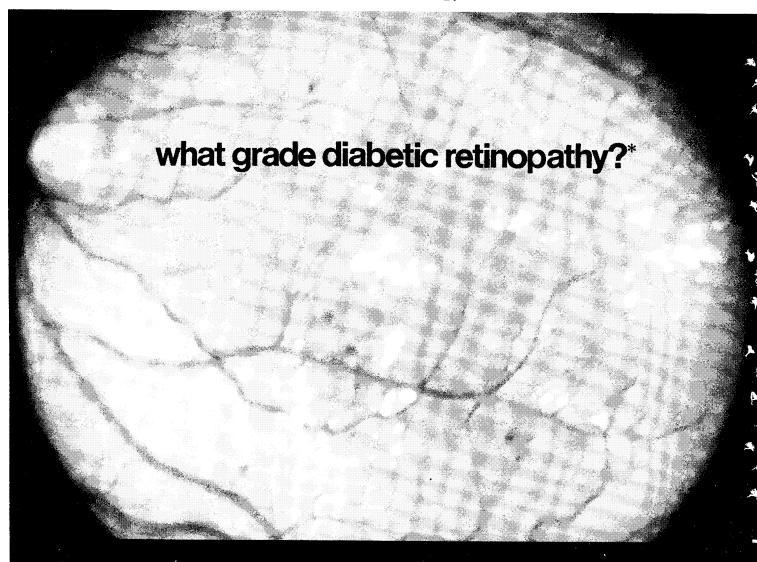
50.0 mg. Glyceryl guaiacolate Dextromethorphan 7.5 mg.

hydrobromide

Select the Robitussin[®] "Clear-Tract" Formulation That Treats Your Patient's Individual Coughing Needs: All 5 Robitussins have an EXPECTORANT-DEMULCENT action. Keep this handy chart as a guide in selecting the formula that provides the extra benefits you want for your patient.

Robitussin® extra benefit chart	Cough Suppressant	Antihistamine	Long-Acting (6-8 hours)	Nasal, Sinus Decongestant	Non-Narcotic
ROBITUSSIN®					
ROBITUSSIN A-C®					
ROBITUSSIN-DM®					
ROBITUSSIN-PE®					
COUGH CALMERS®	2-1				3-1

A. H. Robins Company, Richmond, Virginia 23220 4-H-KOBINS



In diabetes when nutritional supplementation is indicated

Berocca® tablets is therapy

With balanced, high potency B-complex and C vitamins. No odor.

Virtually no aftertaste. Lowest priced Rx formula.

Please see Complete Prescribing Information, a summary of which follows:

Indications: Nutritional supplementation in conditions in which water-soluble vitamins are required prophylactically or therapeutically.

Warning: Not intended for treatment of pernicious anemia or other primary or secondary anemias. Neurologic involvement may develop or progress, despite temporary remission of anemia, in patients with pernicious anemia who receive more than 0.1 mg of folic acid per day and who are inadequately treated with vitamin B₁₂.

Dosage: 1 or 2 tablets daily, as indicated by clinical need.

Available: In bottles of 100.

Niacinamide 100 mg
Calcium pantothenate 20 mg
Cyanocobalamin 5 mcg
Folic acid 0.5 mg
Ascorbic acid 500 mg

ROCHE

ROCHE LABORATORIES Division of Hoffmann-La Roche Inc. Nutley, New Jersey 07110

Grade II diabetic retinopathy is revealed by the small hemorrhages and exudates in this photograph of the fundus.

Upjohn's low-priced penicillin VK



Uticillin VK

(potassium phenoxymethyl penicillin, U.S.P, Upjohn)

Available in 250 and 500 mg tablets; 250 mg/5 ml and 125 mg/5 ml flavored granules for oral suspension

Upjohn

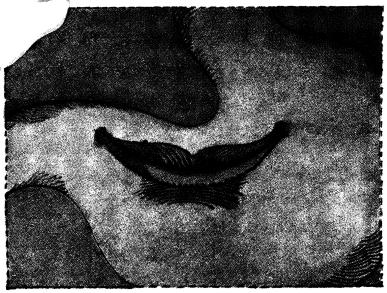
The Upjohn Company Kalamazoo, Michigan 49001

© 1972 THE UPJOHN COMPANY JA7

feeling better with Mylanta[®]

Because the taste is good.

- promptly relieves hyperacidity
- also relieves fullness and bloating
- non-constipating



LIQUID MYLANTA TABLETS

aluminum and magnesium hydroxides with simethicone



Billy Johnson is 3 years old. He's suffering from drug addiction.

Billy's not a drug addict. But his mother is. And Billy's paying the price in a bitter, lonely childhood.

He's neglected, living in a succession of dirty rooms. He doesn't eat regularly. When he does, his meals are poor.

Your dog lives a better life than Billy does.

What kind of a person do you think he'll grow up to be?

That's a question we ask, as physicians. The Billy Johnsons are the most often overlooked side effect of drug abuse.

Drug addiction, like alcoholism and many other diseases, does not disable only the "sick" person.
The effects spread, like ripples in a pond, to others—family, friends, neighbors. Most of all, their children.

We can't afford to dismiss Billy

Johnson as somebody else's problem. He's ours—and yours.

As a first step, physicians can treat drug addicts and start them on the road to recovery. But it takes more.

You can help by understanding addicts' problems. And by supporting the activities of those in your community who are trying to help Billy's mother. And Billy. And, thus, all of us.

California Medical Association

Your doctor's way of caring for all of California

This man governs an expanse—the section of beach that he combo—and he may have much in common with a business tycoon doth may be after prone for similar reasons; both may be difficult to please—both may be demanding, especially of themselves. While there are many types of duodenal ulcer patients, it has been noted that, characteristically, these individuals are not easily satisfied.

Measuring oneself against one's own expectations or against those of society may be equally trying—equally anxiety-provoking. It is hard to win when both success and failure can demand a similar price.

If the ulcer patient were to modify his expectations, he would experience less anxiety—and perhaps fewer ulcer attacks. In most cases, this would mean altering the entire constellation of psychological attitudes. Many are unwilling to do so, and many are unable. But while the patient is trying to make his best adjustment to his ulcer, he often needs therapeutic relief for both the undue anxiety with which he may be plagued and the hypersecretion and hypermotility that cause pain and spasm.

*Palmer, E. D.: Clinical Gastroenterology, ed. 2, New York, Hoeber Medical Division, Harper & Row, 1963, p. 206.

Captain of Industry

Librax can relieve excessive anxiety, thereby helping to reduce pain and spasm

Since duodenal ulcer is frequently associated with excessive anxiety and tension, therapy logically demands relief from both the psychic and the somatic discomfort. Librax can help provide this dual relief. Only Librax provides in a single capsule both the antianxiety action of Librium® (chlordiazepoxide HCl) and the antisecretory/ antispasmodic action of Quarzan® (clidinium Br). With Librax, the patient usually tends to react less strongly to anxiety-provoking situations, and hypersecretion and hypermotility are also reduced. A reduction of associated pain and spasm can also be expected, and often ulcer attacks become fewer and farther between!

Up to 8 capsules daily in divided doses

Optimum therapeutic response can be achieved with individualization of dosage—within the range of 1 or 2 capsules, 3 or 4 times daily. Many patients will respond well to 1 capsule t.i.d. and 2 at bedtime. Librax can often be relied on both to help in managing the acute attack and to help the patient maintain gains in therapy. Librax: Initial therapy, Rx #35, Sig: cap. + t.i.d. a.c.

Follow-up therapy, Rx #100, Sig: cap. + t.i.d. a.c. and if h.s.

in the control of the

for the anxiety-linked symptoms of duodenal ulcer

nd 2.5 mg chdinium Br.



Roche Laboratories Division of Hoffmann-La Roche Inc. Nutley, N.J. 07110 🠗



The combination contraceptive that is virtually without side effects

Together, ORTHO* Diaphragm and ORTHO-GYNOL* Contraceptive Jelly offer advantages that are worth considering:

- 1. high level of effectiveness
- 2. no problem with adverse reactions
- 3. control remains with the woman
- 4. virtually no loss of sensation
- 5. used only as needed
- ... and no other form of contraception offers all those advantages.

To these, Ortho adds convenience for the patient:

The Ortho Diaphragm Kit, which includes an Ortho Diaphragm (ALL-FLEX* Arcing Spring, Coil Spring, or Flat Spring), a tube of Ortho-Gynol Contraceptive Jelly, and an illustrated instruction book.

For the physician:

Professional fitting-ring set and fitting-procedure brochure available. See your Ortho Representative.

ORTHO PHARMACEUTICAL CORPORATION RARITAN, NEW JERSEY 08869

*TRADENARI OOPC 1972



BANK OF AMERICA'S COMPUTERS CAN NOW PREPARE MEDICAL INSURANCE FORMS AUTOMATICALLYAND FOR LESS THAN ANY MANUAL SYSTEM. HOW DO YOU FEEL NOW, DOCTOR?

Since about 95% of all patients now have some form of insurance the prognosis is favorable. Bank of America's Professional Billing Service with automated insurance form preparation is specifically indicated for doctors in individual or group practice. Advantages: reduces in-office paperwork, processes billing efficiently and economically, provides better cost control and cash flow. Availability: immediate. For complete information, mail coupon today.

Mail to Bank of America Business Services 1450 Mission Street, San Francisco, CA 94120 or 2140 West Olympic Blvd., Los Angeles, CA 96006

I feel I should know more about Bank of America's Professional Billing Service with automated insurance preparation.

Name

Address

Phone

City

ate

Zip

BANK OF AMERICA for the business of management

BANK OF EMERICA HEAR

CLASSIFIED ADVERTISEMENTS

Rates for each insertion are \$15 for fifty words or less; additional words 15 cents each; Box number charge: \$1.50.

Classified display rates \$25.00 per inch.

Copy for classified advertisements should be received not later than the fifth of the month preceding Issue. • Classified advertisers using Box Numbers forbid the disclosure of their identity. Your inquiries in writing will be forwarded to Box Number advertisers. The right is reserved to reject or modify all classified advertising copy in conformity with the rules of the Advertising Committee.

CLASSIFIED ADVERTISEMENTS ARE PAYABLE IN ADVANCE

PHYSICIANS WANTED

UROLOGIST, BOARD CERT/ELIG. for corporate group urological practice in Southern California. Position open immediately. Fringe benefits. Early partnership. Send Curriculum vitae to California Medicine Box 9331, 693 Sutter Street, San Francisco, Calif.

DIRECTOR, UNIVERSITY HEALTH SERVICES. California licensable M.D. Prefer administrative, management and/or student health experience. Unique opportunity for creativity and leadership. Salary to \$28,000; liberal vacation, holiday and retirement. 40 hour week, no weekends, outpatient only. Affirmative action employer. Contact: David Boubion, Dean of Students, California State University, Los Angeles, California 90032.

RADIOLOGIST WANTED. BOARD CERTIFIED OR ELIGIBLE. To join 3 others full-time in expanding 100 physician multi-specialty group clinic and hospital in attractive suburban east San Francisco Bay community. Negotiable salary; then partnership. Send curriculum vitae to: J. H. Wentworth, M.D., Permanente Medical Group, 27400 Hesperian Blvd., Hayward, California 94545.

G.P. S. INTERNISTS, ANESTHESIOLOGIST, in progressive growing central California valley community. Close to outstanding recreational areas—sking, boating, hunting, fishing & seacoast—Offices available in medical building. New accredited 52-bed full service hospital serving 75,000 population. Initial income guaranteed. Contact: California Medicine Box 9330, 693 Sutter St., San Francisco, Calif.

Medicine Box 9330, 693 Sutter St., San Francisco, Calit.

MEDICAL DIRECTOR, G.P. OR INTERNIST, full charge medical operations of multiple licensed specialty hospital, psychiatric and alcoholism. Modern and efficient expanding hospital with excellent reputation operating at full occupancy in a rural community. This permanent position requires local residence and offers excellent immediate income plans. Unusual professional and income growth opportunity. Please call or write for appointment. Monte Villa Hospital, P.O. Box 947, Morgan Hill, California 95037. Telephone—408-226-3020.

DYNAMIC, PROGRESSIVE MEDICAL GROUP/HMO has immediate openings for GPs and Internists. Outstanding full or part-time opportunities for highly qualified, highly motivated men or women. For full information, write California Medicine, Box 9329, 693 Sutter St., San Francisco, Calif.

information, wr Francisco, Calif.

BOARD CERTIFIED ANESTHESIOLOGIST for new 270 bed hospital preferably with experience as chief of anesthesiology department. Guaranteed income up to \$100,000 per annum depending upon qualifications. Send resume to William J. Pruitt, Administrator, Dominguez Valley Hospital, 3100 South Susana Road, Compton, California 90221, Phone: (213) 639-5151.

INTERNIST, DERMATOLOGIST, OBSTETRICIAN OR PLASTIC SUR-GEON to share modern, well equipt office adjacent to U.C. Med. Cen-ter, 3½ days/wk, approx. \$350.00/mo. Contact Drs. Parker or Ahmari at Parnassus Heights Medical Building, Suite 706, 350 Parnassus Ave., San Francisco, 415-665-2727.

INTERNISTS AND FAMILY PHYSICIANS BADLY NEEDED in Atlanta suburb near third busiest airport in world. New offices available adjacent to new 385-bed South Fulton community Hospital. Please contact: Mr. Jim Henderson, Lee-Dixon Realty, Inc., 5075 Old National Highway, Atlanta, Georgia 30349. Phone: (404) 762-8175.

INTERNIST to join established incorporated group of five internists, surgeon, radiologist. Well-equipped offices adjacent to modern medical hospital in Mountain View, California. Subspecialty desirable, particularly gastroenterology. Guaranteed salary leading to partnership. Call or write A. A. Goetz, M.D. or Francis Michel, M.D., 125 South Drive, Mountain View, CA 94040, 415/961-6600.

CHIEF OF CARDIOLOGY, special training in catheterization technique and angiography essential. University teaching hospital and University appointment. Salary and private practice privileges. California license essential. Board eligible acceptable but boards essential within two years. Write—Dr. E. Douville, Director of Medical Education, Riverside General Hospital, U.M.C., 9851 Magnolia Ave., Riverside, California 92503

CHIEF OF PEDIATRICS—Opening available immediately. Fulltime salaried with additional private practice privileges. University Teaching Hospital with medical students and pediatric house staff. Prefer experience in neonatalogy. Salary based on experience and training. Beginning salary \$28,000. California license essential. Boards essential; board eligible acceptable under special circumstances. Robert Chinnock, M.D., Dept. of Pediatrics, Loma Linda University, Area Code 714-796-7311.

INTERNIST—Unbelievable opportunity in California community of 40,000. Excellent hospital facilities and great need for well trained internist with interest in cardiology. Space available for one or two men. Lessor will provide help in beginning. Reply: California Medicine, Box 9322, San Francisco, California.

CHIEF OB-GYN for new 200-bed hospital on San Francisco Peninsula (Kaiser Foundation). Superb milieu for practice (near 2 medical schools) and living (excellent schools, climate). Require bd.cert., Calif. Lic. Starting salary negotiable, later partnership. Write: California Medicine, Box 9323, San Francisco, Calif.

FOSTER CITY NEEDS DOCTORS!

FOSIER CITY NEEDS DUCTORS:

San Mateo County's newest and fastest growing city has 15,000 population and no doctors. A new medical-dental building now under construction at Foster City's Marin Cove shopping center will soon be ready for occupancy—completion date, October, 1972. Building overlooks lagoon. Full services to tenants include air-conditioning, utilities and janitorial. Physicians are urged to write or phone today for details. BAY AREA REALTY, George Menzoian, 1500 Hillside Boulevard, Colma, Calif. 94014. 755-6596 Evenings: 345-5006

ASSOCIATES WANTED

INTERNIST SEEKING ASSOCIATE. Established practice on San Francisco Peninsula in San Mateo. Stanford and U.C. Schools of Medicine within 20 mile radius. Ideal climate. Office adjacent to Mills Memorial Hospital. Arrangements to be discussed. Send curriculum vitae to Stephen Marks, M.D., 109 St. Matthews Ave., San Mateo 94401. Phone (415) 343-2737.

INTERNISTS, Board qualified eligible, military obligation completed, 35 to 45, to join three Board Certified Internists in consultative general internal medicine practice. New IC-CCU, nearby teaching appointment at Ventura General Hospital with general practice training program, 15 minutes to the ocean, nearby mountain resort areas, lakes, small airport nearby, one hour to city for Post-Graduate and cultural activities. Pleasant climate and living conditions. For information call collect 800-525-7131 or write Richard H. Gordinier, M.D., 243 March Street, Santa Paula.

Santa Paula.

INTERNIST-ENDOCRINOLOGIST, 33, married, military obligation completed, to finish 5 years of University Internal Medicine and Endocrinology training in July 1973. Interested in partnership association, or group practice in coastal California region. Contact: J. W. Shaw, M.D., 2109 Winthrop Dr., Alhambra, Calif. 91803; 213-281-8158.

PRACTICES FOR SALE

MANY EXCELLENT CALIFORNIA MEDICAL PRACTICES for sale. Free mailing list for buyers. Also practices available in Oregon, Washington, Idaho, Utah, Nevada, Colorado, Arizona, New Mexico, Texas, Florida, Georgia and New England states, "PPS"—Professional Practice Sales, 17802 Irvine Blvd., Tustin, Calif. (714) 832-0230, or 1428 Irving Street, San Francisco (415) 661-0608, Write for free brochure, "Things You Should Know About Buying or Selling Professional Practices."

ALLEDGY BRACTICE for sale, Doctor retiring, Well established solo

ALLERGY PRACTICE for sale. Doctor retiring. Well established solo office in rapidly growing Bakersfield, California. Gross in excess of \$100,000 each of the past five years. Excellent terms with no down payment. Ernest J. Saslow, M.D., 6500 Mt. Rainier Drive, Bakersfield, California 93309, telephone 805—832-4222.

LARGE GENERAL PRACTICE AVAILABLE, including building and equipment. East San Diego, California. Illness—relinquishing practice. Phone—(714) 282-2181.

LOCUM TENENS

LOCUM TENENS RADIOLOGIST needed November '72 through January '73 or portions thereof. 5 day week. 100 miles from San Francisco in Central California community. Salary negotiable. Write: California Medicine, P.O. Box 9328, 693 Sutter St., San Francisco, Calif.

OFFICE FOR LEASE, RENT OR SALE

OFFICE FOR LEASE, KENI OR SALE
YREKA, CALIFORNIA—Hunt-Fish-Ski Be successful. Brand new Medical Building. G.P. and all specialists urgently needed. Call collect (916) 842-5561 or (916) 842-4143 or write Dr. M. J. Wasserman, Yreka Medical Arts Bldg., 544 No. Main St., Yreka, Calif. 96097
SANTA BARBARA MEDICAL OFFICE SPACE—Low rental rates available now for select space in established, modern, multi-suite professional building. Centrally located near hospitals. Unusual opportunity. Contact manager, suite 114, 1919 State Street, Santa Barbara, Cal. 93101. Phone (805) 963-1311.

REAL ESTATE FOR SALE

LOS ALTOS HILLS (Central California). 17 Acres small creek and orchard setting. Make magnificent estate. Fine homes surrounding. View of hills and City of Palo Alto. Slightly rolling terrain. Ideal for horses. Can be purchased in all or part. All entirely buildable. Last of its kind in area. \$16,000 per acre. Map and pictures upon request. Askam Land Development Corporation, 2225 Grant Road, Los Altos, Ca. 94022. (415) 968-5558.

Nevada Academy of Family Physicians Annual Winter Ski Meeting, January 15-19, 1973, Lake Tahoe, Nevada. For further information contact: K. W. MALMQUIST, M.D. 850 | St., Sparks, Nevada 89431.

POSITION WANTED

PATHOLOGIST: AP & CP 1963 EXPER. ALSO FORENSIC; now 3rd yr. working Direc. Regional Labs and 4 small hosps., Nova Scotia, desires firm position around Northern Calif. coast by end of 1972. Reply. California Medicine, Box 9312, 693 Sutter St., San Francisco, Calif.

M Seen in Newsweek

Remember when a teenager's biggest health problem was acne? Today it's gonorrhea!

Are you shocked? You should be. V.D. has suddenly become the worst "childhood disease" in California.

Last year, over 22,000 cases of gonorrhea and syphilis were recorded for young people 10 to 19 years old. And experience indicates there were probably another 100,000 cases that weren't reported.

California doctors are deeply disturbed by this trend. V.D. has become a health problem of epidemic proportions. Health authorities estimate conservatively that one in ten

Californians between 15 and 25 will get gonorrhea this year.

But why are we telling you about V.D.? It's because there are people reading this page who suspect they have V.D.—but are afraid to see a doctor to find out.

We want to urge those people to go to a doctor or V.D. clinic immediately.

There's no need to worry about getting reported to family or police. V.D. is a health problem, not a crime.

As doctors, our main concern is treating disease. And both syphilis

and gonorrhea can be treated successfully. But they must be diagnosed first—and usually you can't diagnose them yourself. Sometimes the victims—especially women—have no symptoms at all. Nevertheless, the disease is doing its damage.

So if you have teenagers—no matter how "good" they are—they should know about V.D.

It's a tough subject to talk about. But if you can't bring yourself to discuss it with your teenager, ask your doctor to do it for you. Just say it's part of their education. It will be.

California Medical Association

Your doctor's way of caring for all of California

Will his return to work mean the return of undue psychic tension?



When it's mandatory to keep the post-coronary patient calm, consider Valium (diazepam).

Although he's promised to take it easy back on the job, you know he's going back to the same stressful circumstances that may have contributed to his hospitalization. If he experiences excessive anxiety and tension because of overreaction to stress, your prescription for Valium can bring relief. During the period of readjustment Valium can quiet undue anxiety.

For moderate states of psychic tension, 5-mg or 2-mg Valium tablets b.i.d. to q.i.d. can usually provide reliable relief. For severe tension/anxiety

states, the lower produce desired results.

The most commonly reported side effects are drowsiness, ataxia and fatigue.

Until individual response is determined, caution patient against driving or operating dangerous machinery.

Valium[®] (diazepam) For the tense cardiac patient who must be kept calm

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mai seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures.

Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in sallvation, slurred speech, tremor, vertigo, urinary retention, blurred vision.

Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. Adults: Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. Geriatric or debilitated patients: 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) Children: 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

Supplied: Vallum® (diazepam)
Tablets, 2 mg, 5 mg and 10 mg; bottles of
100 and 500. All strengths also available
in Tel-E-Dose® packages of 1000.



Roche Laboratories Division of Hoffmann-La Roche Inc. Nutley, N.J. 07110

COLD RUSH OF 772

Meet it with **Cerose** for coughs of colds



Exempt Narcotic

CEROSE® for relief of coughs due to colds, whenever an antitussive formulation having sedative, decongestant, antihistaminic, and expectorant actions is required

Each 5-cc. teaspoonful contains: codeine phosphate, 10.0 mg. (Warning: May be habit forming); phenindamine tartrate, 10.0 mg.; phenylephrine hydrochloride, 5.0 mg.; fluid-extract of ipecac, 0.17 minim; glycerin, 40 minims; potassium guaiacolsulfonate, 86 mg.; sodium citrate, 3 grains; citric acid, 1 grain; in a palatable, grape-flavored base, alcohol 2½%

Non-narcotic

CEROSE-DM® for relief of coughs due to colds. It diminishes the cough reflex, promotes expectoration, and provides effective vasoconstriction and bronchodilatation. Contains non-narcotic dextromethorphan

Each 5-cc. teaspoonful contains: dextromethorphan hydrobromide, 10.0 mg.; phenindamine tartrate, 5.0 mg.; phenylephrine hydrochloride, 5.0 mg.; fluidextract of ipecac, 0.17 minim; glycerin, 40 minims; potassium guaiacolsulfonate, 86 mg.; sodium citrate, 3 grains; citric acid, 1 grain; in a palatable, mixed fruit-flavored base, alcohol 2½%



Exempt Narcotic

CETRO-CIROSE® for relief of simple coughs where a plain sedative-expectorant is required. An excellent vehicle for many other commonly employed adjunctive cough medications, as preferred by the physician

Each 5-cc. teaspoonful contains: codeine phosphate, 5.0 mg. (Warning: May be habit forming); fluidextract of ipecac, 0.17 minim; glycerin, 40 minims; potassium guaiacolsulfonate, 86 mg.; sodium citrate, 3 grains; citric acid, 1 grain; in a palatable, cherryflavored base, alcohol 1½%

IVES LABORATORIES INC.

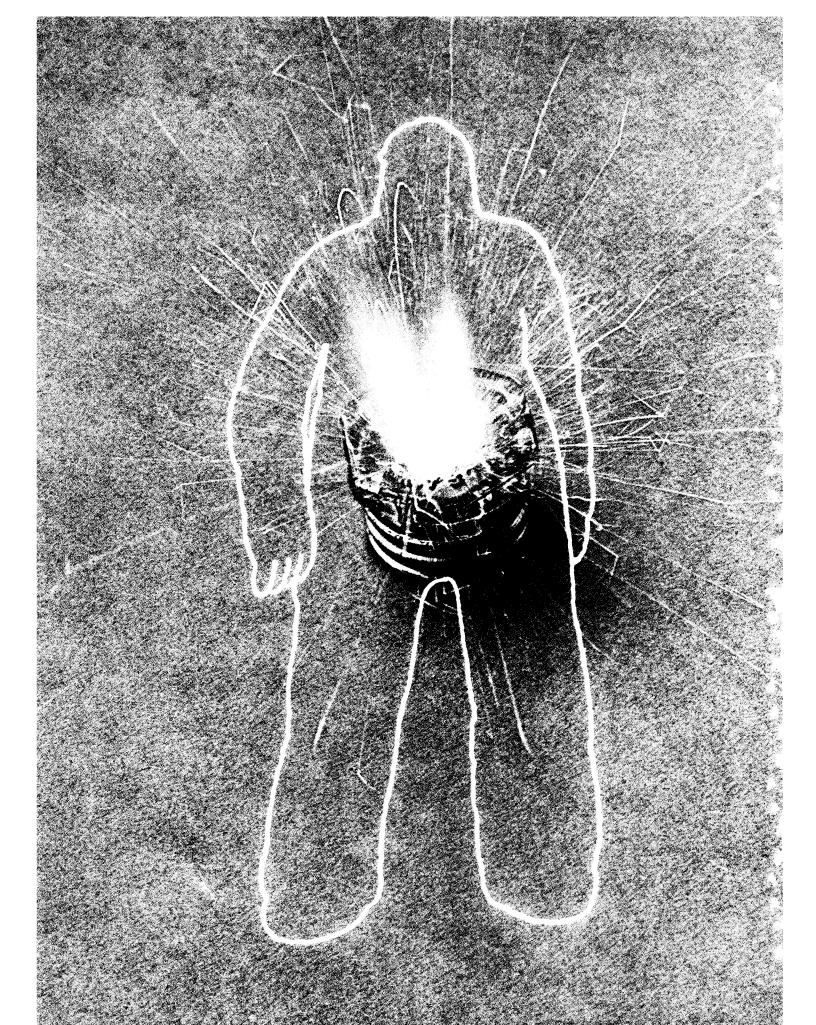




DEDICATED TO IMPROVING THE QUALITY OF LIFE, THROUGH MEDICINE

INDEX TO CALIFORNIA MEDICINE ADVERTISERS

Abbott Laboratories Selsun	Ortho Pharmaceutical Diaphragm		
Ayerst Laboratories			
Atromid S12	Saffola11		
Premarin	Pharmaceutical Manufacturer's		
Berkeley Biologicals54	Association		
Bank of America	Presto Food Products		
Loans 3	Mocha Mix13		
Computers51	A. H. Robbins Company Donnagel-PG/Robitussin41, 42 & 43		
Books Received54	20maget 1 3/100massm		
Burroughs Wellcome	Roche Laboratories		
Neosporin	Berocca44		
•	Efudex		
Classified52	Librax49 & 49		
Cole Pharmaceutical	Valium55		
Iodo-Niacin	G. D. Searle Company		
Compton Foundation Hospital54	Pro-Banthine58 & Inside Back Cover		
Endo Laboratories	Smith, Kline & French		
Percodan	<i>Dyazide</i> 16		
Geigy Pharmaceutical	Stacey's54		
ButazolidinInside Front Cover	Control Phonon Control		
	Stuart Pharmaceuticals Division of Atlas Chemical Industries Inc.		
Ives Laboratories	Kinesed		
Cerose56	Mylanta		
Cyclospasmol26			
Isordil19	Upjohn Company		
Lederle Laboratories	Cleocin HCL		
MinocinOutside Back Cover	Uticillin VK45		
Eli Lilly Company	Wallace Pharmaceutical		
Ilosone	Milpath		
Beecham Massengill Pharmaceutical	Warner Chilcott		
Ampicillin35	Anusol-HC20		
Carbenicillin37	Westwood Pharmaceutical		
Oxacillin39	Alpha-Keri24		



Break the cer circui eracidit ermotility and ulcer pain.

Pro-Bant propantheline bromide A Relief Factor in Peptic Ulcer

Worry, frustration, job pressure - all set up excessive vagal currents in patients with peptic ulcer.

Pro-Banthine"insulates"the stomach, the duodenum and the lower intestinal tract—the sites where these destructive currents take their toll.

This "insulation" helps block excessive enteric activity and acidity, thus helping to provide the proper environment for the healing of peptic ulcers.

It's nice to know that Pro-Banthine provides this protection at a dosage that causes little or no discomfort and that, unlike ataractic agents, Pro-Banthine does not cloud the patient's awareness or thought processes.

By moderating excessive vagal currents Pro-Banthine relieves spasm, acid burn and pain. By reducing gastric motility Pro-Banthine also prolongs the activity of antacids.

Indications: Pro-Banthine is effective as adjunctive therapy in the treatment of peptic ulcer. Dosage must be adjusted to the individual.

Contraindications: Glaucoma, obstructive disease of the gastrointestinal tract, obstructive uropathy, intestinal atony, toxic megacolon, hiatal hernia associated with reflex esophagitis or unstable cardiovascular adjustment in acute hemorrhage.

Warnings: Patients with severe cardiac disease

Warnings: Patients with severe cardiac disease should be given this medication with caution. Fever and possibly heat stroke may occur due to anhidrosis.

In theory a curare-like action may occur, with possible loss of voluntary muscle control. For such patients prompt and continuing artificial respiration should be applied until the drug effect has been exhausted.

Diarrhea in an ileostomy patient may indicate obstruction, and this possibility should be considered before administering Pro-Banthine.

Precautions: Since varying degrees of uringry

Precautions: Since varying degrees of urinary hesitancy may be evidenced by elderly males

with prostatic hypertrophy, such patients should be advised to micturate at the time of taking the medication.

Overdosage should be avoided in patients severely ill with ulcerative colitis.

Adverse Reactions: Varying degrees of drying of salivary secretions may occur as well as mydriasis and blurred vision. In addition the following adverse reactions have been reported: nervousness, drowsiness, dizziness, insomnia, headache, loss of the sense of taste, nausea, vomiting, constipation, impotence and allergic dermatitis.

Dosage and Administration: The recommended daily dosage for adult cral therapy is one 15-mg, tablet with meals and two at bedtime. Subsequent adjustment to the patient's requirements and tolerance must be made.

How Supplied: Pro-Banthine is supplied as tab-lets of 15 and 7.5 mg., as prolonged-acting tab-lets of 30 mg. and, for parenteral use, as serum-type vials of 30 mg.

SEARLE & CO San Juan, Puerto Rico 00936

Address medical inquiries to: G. D. Searle & Co. Medical Department, Box 5110, Chicago, III. 60680



MINOCIN made the difference in just eight days:

Clinical Data:

Patient: 47-year-old male.

Diagnosis: Severe pyoderma, left hand.

Culture: Staphylococcus aureus, coagulase

positive and sensitive to MINOCIN.

Temperature: 102° F.

Therapy: MINOCIN Minocycline HCI Capsules, 100 mg: 200 mg stat, 100 mg every 12 hours. Medication began 9/7/71. By fourth day, temperature was normal and pustular

Minocycline is a tetracycline with activity against a wide range of gram-negative and gram-positive organisms.

Contraindications: Hypersensitivity to any tetracycline.

Warnings: The use of tetracyclines during tooth development (last half of pregnancy, infancy and childhood to the age of 8 years) may cause permanent discoloration of the teeth (yellowgray-brown). This is more common during long-term use but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. Tetracyclines, therefore, should not be used in this age group unless other drugs are not likely to be effective or are contraindicated. In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower doses, and, in prolonged therapy, determine serum levels. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Advise patients apt to be exposed to direct sunlight or ultraviolet light that such reaction can occur, and discontinue treatment at first evidence of skin erythema. Studies to date indicate that photosensitivity does not occur with MINOCIN Minocycline HCI. In patients with significantly impaired renal function, the antianabolic action of tetracycline may cause an increase in BUN, leading to azotemia, hyperphosphatemia, and acidosis. Pregnancy: In animal studies, tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Embryotoxicity has been noted in animals treated early in pregnancy. Safety of use during human pregnancy has not been established. Newborns, infants and children: All tetracyclines form a stable calcium complex in any bone-forming tissue. Prematures, given oral doses of 25 mg./kg. every 6 hours, demonstrated a decrease in fibula growth rate, reversible when drug was discontinued. Tetracyclines are present in the milk of lesions considerably improved. Last dose taken 9/14/71.

Concomitant therapy: None.†

Semisynthetic

MINOCYCLINE HO

Capsules, 100 mg: 2 stat, 1 q 12 h.

lactating women who are taking a drug of this class. Safe use has not been established in children under 13.

Precautions: Use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, institute appropriate therapy. In venereal diseases when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least four months. Patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (e.g., renal, hepatic and hemopoietic) in long-term use. Treat all Group A beta hemolytic streptococcal infections for at least 10 days. Avoid giving tetracycline in conjunction with penicillin.

Adverse Reactions: (Common to all tetracyclines, including MINOCIN) GI: (with both oral and parenteral use): anorexia, nausea, light-headedness, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region. Skin: maculopapular and erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity is discussed above ("Warnings"). Renal toxicity: rise in BUN, dose-related (see "Warnings"). Hypersensitivity reactions: urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. When given in high doses, tetracyclines may produce brown-black microscopic discoloration of thyroid glands; no abnormalities of thyroid function studies are known to occur. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. Blood: hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia.

NOTE: Concomitant therapy: Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patients taking oral minocycline. Studies to date indicate that MINOCIN is not notably influenced by foods and dairy products.

*Indicated in infections due to susceptible organisms. Culture and sensitivity testing recommended. Tetracyclines are not the drugs of choice in the treatment of any staphylococcal infection. †Case Report, Clinical Investigation Department, Lederle Laboratories.